

**A repertorial comparison of the proving of a
homoeopathic complex to the rubrics of the constituent
parts**

By

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I Rajeshree Sanjit do declare that this dissertation is representative of
my own work, both in conception and execution.

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DEDICATION

*Dedicated to my late father, Rajesh Sanjít for
the love and sacrifices he made for his
trophies, his daughters.*

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ABSTRACT

Aim

The purpose of this research study was to compare the similarity and differences of the rubrics from a proving of a homoeopathic complex (*Cinnabaris* 12CH, *Hydrastis canadensis* 12CH and *Kalium bichromicum* 12CH) in order to establish whether the symptoms are similar to the individual constituents, or whether a new remedy is produced when individual remedies are combined.

The research questions addressed by the study were: 1) Will the twelfth centesimal potency (12CH) of the homoeopathic complex produce clearly observable signs and symptoms in healthy provers? 2) Will the majority of signs and symptoms of the complex be similar to those of its constituent parts?

Methodology

The proving was a randomised double blind placebo controlled study involving 20 participants who met the inclusion and exclusion criteria. The provers were randomly assigned to either a verum (80%) or placebo group (20%). Provers recorded their symptoms in their journals for one week prior to administration of the proving complex in order to establish a baseline for comparison. The proving complex was in form of lactose granules dispensed in lactose powders. Provers were given six lactose powders, one powder to be taken sublingually three times a day or until symptoms occurred. The provers recorded all mental or physical symptoms experienced in their journals.

Once the proving was completed the journals were collected and symptoms derived from the recordings were collated and analysed. This information was converted to materia medica and repertory format. The researcher then analysed each rubric in order to establish if any or all of the three remedies of the complex appeared in that rubric. This comparison reflected the number of rubrics that contained the individual remedies of the complex. In this way the researcher established the rubrics that were unique to the complex as a whole.

Results

A total of 337 rubrics were produced by the proving. The analysis of rubrics showed that 216 rubrics did not contain any of the three remedies; 72 rubrics contained at least one of the three remedies; 29 rubrics contained two of the three remedies; and 20 rubrics contained all three remedies. Eighteen new rubrics were identified.

In analysing the symptoms elucidated, a definite polarity between symptoms was noted, including within the same prover. This was the case with mental and physical symptoms.

A vast range of symptoms was produced, spanning 29 sections of the repertory, with the majority being physical, related to headaches were quite common amongst provers, pain in the abdominal region, pain in the extremities, eye symptoms such as lachrymation and pain, pain in the throat, chest and neck, skin eruptions. Sinusitis or rhinitis symptoms such as nasal itching, sinus congestion, nasal discharge and sneezing were observed. A significant change in appetite and thirst was seen. The main regions that had an affinity for the complex were the head, abdomen and extremities with pain as the main symptom.

Conclusion

The substance did produce signs and symptoms in the provers, so Research Question 1 was answered with a “Yes”. Only a small proportion (0.05%) of the rubrics from the proving contained all three constituent remedies, therefore Research Question 2 was answered with a “No”. The results show that although the proving symptoms shared a small degree of similarity to the constituent remedies, the complex as an entity formed its own individual picture.

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DEFINITIONS

Allopathy

A system of treatment of diseases that utilises medicines whose effects are different to the disease being treated and does not have a relationship to the disease symptoms (Yasgur 1997: 9).

Homoeopathic remedy

The term commonly and colloquially used amongst homoeopaths for homoeopathic medicines because it implies both the more comprehensive remedial action which the prescription is expected to achieve and a more purposive relationship to what is being remedied in a patient than the general term 'medicine' (Swayne 2000: 104).

Materia Medica

In homoeopathy, the description of the nature and therapeutic indications of homoeopathic medicines (Swayne 2000: 8).

Potency

The medicinal power of a homoeopathic medicine based on the degree to which it has been potentised, expressed in terms of the degree of dilution (Swayne 2000: 165, 166).

Placebo

An inactive substance used for comparison with the active substance or method to be tested in a controlled trial, and indistinguishable from it (Swayne 2000: 162).

Prover

The subject of a proving, or homoeopathic pathogenetic trial; a volunteer, who should be in good health, who records changes in his or her condition during and after administration of the substance to be tested (Swayne 2000: 173-174).

Proving

The process of determining the medicinal/curative properties of a substance. This process involves the administration of the substance in potency to healthy human subjects in order to observe and record symptoms (Yasgur 1998: 201).

Repertory

A systematic cross reference of symptoms and disorders to the homoeopathic medicine in whose therapeutic repertoire they occur. This process is called repertorisation and is used in case analysis (Swayne 2000: 183).

Repertorisation

The technique of using a repertory to identify the homoeopathic medicine whose *medica medica* corresponds most closely to the clinical picture of the patient and from amongst which the *simillimum* may be chosen (Swayne 2000: 184).

Rubric

A phrase used in a repertory to identify a symptom or disorder and its component elements and details and categories of these, and to which a list of medicines which are known to have produced that symptom or disorder in homoeopathic pathogenetic trials, or to have remedied it in clinical practice, is attached (Swayne 2000: 186).

CHAPTER 1 : OVERVIEW

1.1 Introduction

Homoeopathy is the science and art of preventing and treating disease. It is a therapeutic system of medicine based on certain laws or principles (Eizayaga 1991: 35). The core of homoeopathy is the principle of similitude which states that a substance that engenders symptoms in a healthy individual can, in a minute dose, cure such symptoms in a sick individual (De Schepper 2006: 26).

From the earliest times until well into the 18th century, the knowledge of drugs was founded on pure speculation, accidental poisonings and later limited information based on laboratory experiments on animals, tissues and organs. Allopathic schools then had never tested medicine on healthy individuals to observe the chemical and physiological effects before prescribing them to the sick. Samuel Hahnemann was revolutionary in his approach of testing remedies on healthy individuals and applying this knowledge to the treatment of the sick (De Schepper 2006: 32, 33).

A proving can be defined as a systemic procedure of experimentally testing substances on healthy individuals to observe the spectrum of symptoms that can be produced by the action of the substance (Vithoukas 1998: 96). Therefore, through conducting provings, any substance that is capable of inducing disease symptoms can be experimentally tested to ascertain its therapeutic value to sick individuals when administered in a potentised form according to the homoeopathic principle of similitude (O' Reilly 1996: 144, 145).

Homoeopathic remedies are derived from the animal, mineral, and plant kingdoms; healthy and diseased tissue; and imponderable substances. However, in order to expand the therapeutic capacity of homoeopathy, it is necessary to conduct provings on new substances (Vithoukas 1998: 143). Currently there are many homoeopathic

remedies whose distinctive features have been established by means of thoroughly conducted provings, however there are many more remedies that have been incompletely researched (Vithoulkas 1998: 143). Sherr (1994: 7) asserts that without precise provings, many prescriptions are likely to be based on vague assumptions at best and fiction at worst.

Gaier (1991: 97) points out that although Hahnemann stated that only one remedy should be administered at a given time, his last thirteen case-books from his final years of practice in Paris indicate that he also prescribed remedies alternatively, or two remedies simultaneously (Gaier 1991: 97).

There are two types of multiple prescriptions, firstly a complex which contains more than one medicine in a single dosage form and secondly, remedies that are given separately but prescribed intercurrently (Swayne 1998: 165).

According to Kayne (1997: 104) homoeopathic remedies can be mixed together and administered successfully as a complex. These complexes are commonly used by homoeopaths and commercially sold (Gaier 1991: 98; Kayne 1997: 104). However, there is a possibility of antidotal effects between remedies (Gaier 1991: 98). Furthermore, there are no provings of these homoeopathic complexes and there is little information on the interaction of remedies in a complex (Bhatia 2009; Kayne 1997: 106). This uncertainty surrounding what exactly is having a clinical effect (the individual remedies or the complex as a whole) is one of the reasons why provings of complexes are warranted.

While hundreds of provings have been conducted over the years on single remedies, as far as the researcher has been able to ascertain, there have been no provings conducted on homoeopathic complexes. Therefore, it was imperative for a complex proving to be conducted to provide valuable information on this type of homoeopathic prescribing.

In this study, a homoeopathic proving was conducted involving the administration of a homoeopathic complex in order to elicit disease symptoms. These symptoms were analysed and then converted to materia medica and repertory format. Each rubric

was then examined to determine if each constituent remedy was listed under that rubric or not. This established the similarities and differences between the complex remedy and its constituent parts.

This study involved a proving of a homoeopathic complex consisting of three remedies: *Cinnabaris* 12CH, *Hydrastis canadensis* 12CH and *Kalium bichromicum* 12CH. These remedies occur in complexes commercially available for treatment of sinusitis (e.g. Sinus 30C [Pegasus 2010]; Pentagen [Natura 2014a], Sinfrontal [Natura 2014b]). These remedies are frequently used individually in the treatment of sinusitis (Jouanny 1984: 120, 178, 198). The complex to be studied is based on a clinical trial conducted by Ebrahim (2003) at the Durban University of Technology on treatment of chronic sinusitis using a homoeopathic complex.

1.2 Research aim

To determine the symptoms of the selected homoeopathic complex produced in healthy individuals who have ingested it.

1.3 Objectives

- To analyse these symptoms and convert them into repertory and materia medica format.
- To identify the rubrics that the constituent remedies appear in and those that they do not appear in, thereby identifying the unique proving rubrics of the complex.
- To determine the similarities and differences between the rubrics derived from the proving of the complex and the rubrics associated with the constituent remedies in order to understand the complex as a 'substance', based on its unique proving symptomatology.

1.4 Research questions

The approach of 'research questions' is preferred to 'hypotheses' because in a proving there is no numerical measurement of variables and statistical testing of outcomes.

1.4.1 Question 1

Will the twelfth centesimal potency (12CH) of the homoeopathic complex produce clearly observable signs and symptoms in healthy provers?

1.4.2 Question 2

Will the majority of signs and symptoms of the complex be similar to those of its constituent parts?

1.5 The delimitations

This research study did not:

- Seek to explain the mechanism of action of the homoeopathic complex in producing symptoms in healthy people.

1.6 The assumptions

The complex used in the proving was prepared to the level of the 12th potency by Comed Health Natura accurately according to the methods laid out in their relevant Homoeopathic Pharmacopoeias and Standard Operating Procedures.

The provers took the remedy in the correct dosage, frequency and manner as prescribed by the researcher.

The provers were conscientious and carefully observed themselves for any signs or symptoms produced by the substance.

The provers recorded all symptoms observed correctly, meticulously and truthfully.

The provers did not significantly change their normal lifestyle or dietary habits prior to or for the duration of the proving.

CHAPTER 2 : REVIEW OF THE LITERATURE

2.1 Introduction

As stated by Sherr (1994: 7), “Proving is the pillar on which homoeopathy stands”. This is due to the fact that provings are the most essential method to ascertain the pathogenetic effect of substances which are applied in homoeopathic treatment (Signorini *et al.* 2005: 165). Therefore, provings form the experimental base of clinical homoeopathy (Signorini *et al.* 2005: 165). According to the Law of Similars the symptoms produced in a proving are then used to select that particular remedy to treat sick individuals with similar symptoms.

Even though remedies that have been proven centuries ago are still indispensable in the treatment of diseases, it is logical that as new diseases and stresses affect our society the range of homoeopathic remedies must expand in order to meet this need (Ramnarayan 2014: 1). The addition of a new remedy to the materia medica could cure a category of cases that may only have been partly covered up to then (Sherr 1994: 8). Therefore, increasing the number of remedies available in the materia medica of homoeopathy enables greater accuracy and individualisation when treating patients (Ramnarayan 2014: 1). Sherr (1994: 7) states that there is no other way to determine the exact properties of a medicinal substance than that of the knowledge gained through provings. In essence homoeopathic drug provings are essential to the advancement of homoeopathic medicine (Ross and Wassenhoven 2013: 1).

Whilst translating William Cullen’s Treatise on Materia Medica, Hahnemann disagreed with the author’s conclusion that the antimalarial properties of *Cinchona officinalis* (Peruvian bark) were due to its bitter taste and action as an astringent, as many other bitter astringent substances had no notable antimalarial effects (Ross 2011: 72). Hahnemann then began taking large doses of the drug and observed that he began developing symptoms similar to malaria and thus concluded Peruvian bark

acts to treat malaria because it has the ability to cause such symptoms in a healthy individual (Cook 1989: 6). Hahnemann refined the principle of similitude which gave rise to the concept of homoeopathic provings. In his early provings Hahnemann used large doses of substances that produced toxic symptoms which led him to dilute these substances and the subsequent principle of potentisation (Walach 1997: 219).

Provings have continued since then and have become the basis upon which a given remedy is chosen for a patient (Vithoulkas 1998: 96). The symptoms of the patient must be similar to that of the symptoms produced by healthy individuals in the proving. Provings are the primary source material for the homoeopathic materia medica, thereafter followed by toxicological and clinical reports (Dantas 1996: 230; Riley 1996: 3). Thus, a vital component of a clinical prescription relates to the reliability of the data found in homoeopathic repertories and materia medicas (Dantas 1996: 230).

2.2 Historical perspectives

The principle of similitude was recognised by the 'Father of Medicine', Hippocrates (450-350 B.C.), who stated: "By similar things a disease is produced and through the application of the like, it is cured" (Cook 1989: 1). However, Hippocrates also stated that a disease could be cured by employing the principle of contraries or the principle of similars (Eizayaga 1991: 11). The application of contraries was then followed by Galen and continued into contemporary medical schools where it is still present, now considered to be the 'official' approach to medicine (Eizayaga 1991: 11). Paracelsus (1493-1591) was a follower of Hippocrates in the principle of similitude and expanded on it by the so-called 'principle of signatures'; which means that the objective signs of a substance like the colour indicated its usefulness e.g. *Chelidonium* juice has a colour resembling bile which suggests that it could be indicated for liver troubles (Eizayaga 1991: 17).

The principle of similitude was further advanced by Hahnemann through his methodology of systematically testing substances on healthy individuals in order to observe their therapeutic potential. Hahnemann, however, was not the first person to

test medicines on healthy individuals to comprehend their effects in the sick as others such as Albert von Holler advocated it in 1777 and Anton Stock (1731-1803), head of a Viennese hospital, experimented with pharmaceutical substances on himself (Walach 1994: 129). Hahnemann, however, was distinctive in his concept of the Law of Similars which applied this information to treat the sick (Walach 1994: 129). The origins of homoeopathic provings can be dated to 1790 when Hahnemann began self-experimenting with *Cinchona* (Eizayaga 1991: 30) which led him to expand the principle of similitude and pioneer the concept of provings. Hahnemann then continued testing substances and observing their effects for six years after that (Cook 1989: 23).

He later published the results of his experimentation with *Cinchona* in 1796, in an essay entitled Essay on New Principle to discover the Curative Power of Drugs and enunciated the fundamental principle of “*Similia Similibus Curentur*” (Let Likes be Cured by Likes) (Eizayaga 1991: 30). After developing his proving methodology and further experimentation, Hahnemann laid down methods for conducting a proving in Aphorisms 121-148 of the Organon (Walach 1994: 129). The results of 66 of his provings were published in Materia Medica Pura (Nagpaul 1987: 77; Cook 1989: 32). In total he investigated 101 substances over a period of half a century and developed the methodology now known as a homoeopathic proving (Demarque 1987: 71).

Hahnemann started his provings by using crude doses of substances, however he observed that these doses caused aggravations. He then began diluting these substances to reduce toxic reactions. Later Hahnemann introduced methods such as succussion (vigorous shaking) or trituration (grinding in a mortar and pestle) which increases the therapeutic effects by adding energy to the substance (De Schepper 2006: 33).

After Hahnemann, Hering, Wells, and other 19th century homoeopaths conducted many provings. However, provings conducted in the 20th century diminished in quality and lacked the refinement of earlier provings (Sherr 1994: 9). This began to change through the efforts of many homoeopaths such as Riley (1997) Vithoulkas (1980), Sherr (1994) and Sankaran (1998) to name a few.

2.3 Modern developments in provings

In 1980 George Vithoulkas dedicated an entire chapter in his book The Science of Homoeopathy to the protocol for a proving. He proposed one month of pre-observation and journaling; a proving observation of three months; utilising ascending potencies in the proving; conducting the proving in three separate experiments at three separate locations with three different nationalities (Vithoulkas 1986: 150, 152, 153). However, this methodology requires a vast amount of time and resources and is therefore not practical. In 1994 a new era in homoeopathic provings was established by Jeremy Sherr in his book, The Dynamics and Methodology of Homoeopathic Provings. Sherr (1994: 5), through his experience in conducting provings of *Scorpion*, *Hydrogen*, *Chocolate*, *Germanium*, *Neon* and *Adamas*, was able to refine the methodology of provings. He also went on to establish an internet website where the provings conducted by various practitioners around the world are made available (Provings.com).

There have been numerous guidelines established in an attempt to standardise homoeopathic provings. These include those produced by the International Council for Classical Homoeopathy (ICCH) and the Homoeopathic Pharmacopoeia Convention of the United States (HPCUS). Recently the Liga Medicorum Homoeopathica Internationalis (LMHI) and the European Committee for Homeopathy (ECH) developed the LMHI-ECH Homeopathic Proving Guidelines (Ross and Jansen 2014: 3) that this study is based upon.

Internationally, there have been numerous provings conducted and some of the recent provings are: *Ulva lactuca*, *Helium*, *Eriodictyon californicum* (Provings.com. 2014). Others include provings of Himalayan Crystal Salt conducted in 2005 and Natural Silver conducted in 2006 (Shukla and Van der Zee 2014: 238, 239, 240); and *Desmodium elegans* (Lalor 2014: 105, 106, 107).

Up to 2011, 20 double blinded placebo controlled provings were conducted over a 12 year period at the Durban University of Technology (DUT) including provings of indigenous plants and animals, snake venoms, a sea animal, a bird and a mountain fungus (Ross 2011: 57). Provings conducted since 2012 were: *Bitis atropos* (Berg

adder); *Malus domestica* (domestic apple); *Ubiquinone* (Co-enzyme Q10) and *Panthera leo* (African lioness). In his evaluation of provings conducted at DUT from 1998 to 2008, Ross (2011: 59) noted that there was a consistency with regards to the ethical management of provers, secure blinding processes and accurate data processing. There has been experimentation in the number of provers utilised, percentage of provers on placebo, the number of researchers conducting the proving and the inclusion of a pre- and post-proving seminars (Ross 2011: 59). According to Ramnarayan (2014: 7) many provings conducted at DUT were based on Jeremy Sherr's methodologies as these guidelines were accurate and well structured. In an email communication on the 3rd of December 2015, the research co-ordinator at the Department of Homoeopathy, Dr David Naude stated that from 2015 all provings at DUT are being conducted according to the LMHI-ECH Homeopathic Provings Guidelines (Ross and Jansen, 2014). Whilst hundreds of provings have been conducted internationally over the years on single remedies, as far as the researcher has been able to ascertain, there have been no provings conducted on homoeopathic complexes.

2.4 Modern refinements in proving methodology

Homoeopathic provings are based on the principles that Hahnemann laid out whilst at the same time satisfying modern requirements (Riley 1996: 4). These requirements include blinding, randomisation, cross-over experimental designs and placebo controls (Raeside 1962: 194; Wieland, 1997: 229).

Whilst Hahnemann's proving methodology would not be called reliable in comparison to present standards for clinical trials (inclusion of double blind placebo control), those provings did yield reliable symptoms (Wieland 1997: 229). The purposes of a homoeopathic proving and a clinical trial are different. The purpose of a clinical trial is to show safety and efficacy of a drug. The purpose of a homoeopathic drug proving is not to show the efficacy of the drug, but to obtain complete individual symptoms (Wieland 1997: 230).

Recently, research involving both quantitative and qualitative analysis in provings have been used to determine whether symptoms of verum are different to those of placebo and/or to establish reproducibility of symptoms in provings. Provings conducted by Dominici *et al.* (2006: 193, 194, 195, 196) and Möllinger, Schneider and Walach (2009: 105-115) showed that symptoms found in verum provers were different to symptoms found in placebo provers. Teut *et al.* (2010: 1-7) proposed a proving methodology that utilises both quantitative and qualitative analysis to establish a difference between verum and placebo symptoms. Other studies conducted by Sherr, Quirk and Tournier (2014: 108-112), Signorini *et al.* (2005: 164-174) and Mollinger, Schneider and Walach (2009: 105-110) established that symptoms of previous provings can be reproduced and that there are differences between symptoms of verum and placebo provers.

However, considering the primarily qualitative and subjective nature of provings, various safeguards have been introduced in order to reduce bias in interpretation of results. These include placebo control, randomisation and blinding (Dantas 1996: 235; Kaptchuk 1997: 49).

2.4.1 Placebo control and randomisation

The concept of double blinding and placebo was first introduced into homoeopathy provings by Bellows in the reproving of Belladonna (Demarque 1987: 71). Placebo may be a substance or a treatment that has no specific effect and the 'placebo effect' is the effect of such a non-specific treatment (Wieland 1997: 229). The placebo effect in the context of homoeopathic drug provings is thought to be related to the 'anticipatory symptomatology' experienced by the provers which occurs when a substance is taken at the commencement of a study (Riley 1996: 5).

Davidson (1995: 63) states that placebo is one of the most important requirements in homoeopathic provings. The author explains that many variables influence the response of individuals to a particular intervention, and that a placebo control can help to differentiate effects that are due to the proving substance and those that are not. Dantas (1996: 235) points out that literature on phase one clinical trials and

homoeopathic provings suggest that healthy individuals on placebo do develop symptoms. This is supported by early research by Sherr (1994: 57) who found that in many provings including a placebo, the symptoms of the placebo provers were similar to that of the provers on active medicine. However, in later research, Sherr, Quirk and Tournier (2014: 108-112) found that verum provers had more characteristic symptoms of the substance than placebo provers.

Kaptchuk (1996: 238) states that the purpose of placebo in a homoeopathic proving is not to validate proving symptoms but to decrease expectation and improve quality of judgement. The role of placebo is to increase the attention and accuracy of recording of symptoms (International Council for Classical Homoeopathy [ICCH] 1999: 34; Sherr 1994: 57).

According to the LMHI guidelines, placebo control is beneficial for obtaining the best quality results and to prevent errors due to general unspecified clinical trial effects (Ross and Wassenhoven 2013: 2). In a proving the placebo control group has no purpose in establishing efficacy, it only serves to avoid bias therefore only 20 percent of provers should be on placebo (Ross and Wassenhoven 2013: 2).

The influence of the researcher on data collected can be further reduced by randomisation techniques (Dantas 1996: 235). Randomisation is a method that assigns participants to either a treatment or a control group by chance, independent of the researcher and patient's preference (Kim and Shin 2014: 103-9). Randomisation is usually conducted by generating a random list of subjects before the start of a trial. During randomisation each participant is assigned a specific code which after the trial is completed, will be decoded to reveal the group allocation to which the subject was assigned to (Saghaei 2011: 56).

2.4.2 Blinding

Double-blinding refers to two people who are 'blind' in a process; firstly, the participant and secondly, the researcher or observer (Sherr 1994: 36). The purpose of homoeopathic drug provings are not to determine predefined outcomes or

efficacy, but to describe an individual's existential reaction to the ingested substance (Ross and Wassenhoven 2013: 5). This is facilitated by neither the researcher nor the prover knowing who is on active medicine or placebo (Ross and Wassenhoven 2013: 5).

The randomised double blind placebo controlled method has been used in many previous provings conducted as DUT such as Pink light, *Chamaeleo dilepis dilepis* and *Curcuma longa* (Somaru 2008: 30; Moore 2007: 38; Rajkoomar 2011: 25).

2.4.3 Potency

Hahnemann initially used mother tinctures and low potencies for provings but later changed to the 30th centesimal potency (30CH) (Walach *et al.* 2004: 180). According to Aphorism 128 of the Organon, Hahnemann recommends the 30th centesimal potency to be utilised when conducting provings (O'Reilly, 1996: 154). Sherr (1994: 56) suggests that in using a range of potencies we can observe the effects of each potency and apply this knowledge in choosing a suitable remedy for a patient. However, Sherr (2003: 27) concluded from his proving of *Hydrogen* that most symptoms developed at the level of 30CH potency. The International Council for Classical Homoeopathy (ICCH 1999: 34) recommends using two to three potencies to reveal the more subtle characteristics of a remedy. Wieland (1997: 231) states that the 30CH potency appears to be the most frequently used potency in homoeopathic provings. The LMHI-ECH guidelines recommend the use of potencies between 12CH and 30CH (Ross and Jansen 2014: 10).

Complexes generally consist of remedies in low potencies, usually within the range of mother tincture (Ø) to 6CH, and the prescription is usually repeated on a daily basis (Watson 1991: 71). The potency selected for the remedies making up the complex used in this proving is 12CH.

2.4.4 Prover population

Sherr (1994: 45) states that 15-20 provers are necessary to produce a complete remedy picture. An ideal proving should have 50 provers but that might be difficult to achieve therefore there should be at least 12 (De Schepper 2006: 34). According to the International Council for Classical Homoeopathy (ICCH 1999: 33) an ideal prover population would consist of 10-20 provers. According to the Liga Medicorum Homoeopathica Internationalis and the European Committee for Homeopathy Homeopathic Proving Guidelines (Ross and Jansen 2014: 13) there should be a minimum of 10 verum provers after the observation phase but not more than 20.

2.5 Proving substance

The complex to be studied is based on a clinical trial conducted by Ebrahim (2003) at DUT on complex homoeopathic treatment of chronic sinusitis. Ebrahim (2003) conducted a randomised placebo controlled double blind clinical trial with 30 participants on the efficacy of a homoeopathic complex compared to placebo in the treatment of sinusitis. Her finding was that there was a significant difference within each group before and after treatment, but the Mann-Whitney test for differences between groups indicated no significant difference. When the researcher decided to conduct a proving on a complex rather than a single substance, she decided to base her complex on a clinical trial conducted at DUT so that this research could be related to that research. The ingredients of the original complex were *Hydrastis canadensis* 9CH, *Kalium bichromicum* 9CH, *Sambucus nigra* 9CH. On the recommendation of Ebrahim (2003) the researcher changed one of the remedies used in the complex. This study removed *Sambucus nigra* 9CH and added in *Cinnabaris* 12CH. Thus, the proving complex consisted of three remedies which are indicated for sinusitis, *Hydrastis canadensis*, *Kalium bichromium* and *Cinnabaris* (Jouanny 1984: 120, 178, 198).

2.5.1 *Hydrastis canadensis*

Figure 2.1 shows the plant *Hydrastis Canadensis*.



Figure 2.1: *Hydrastis canadensis*
Source: Goldenseal in flower, 2015

2.5.1.1 Classification

<u>Rank:</u>	<u>Scientific Name</u>
Kingdom:	Plantae (Plants)
Subkingdom:	Tracheobionta (Vascular plants)
Superdivision:	Spermatophyta (Seed plants)
Division:	Magnoliophyta (Flowering plants)
Class:	Magnoliopsida (Dicotyledons)
Subclass:	Magnoliidae
Order:	Ranunculales
Family:	Ranunculaceae (Buttercup family)

(*Hydrastis canadensis* L. Goldenseal 2015)

2.5.1.2 Description and medicinal uses

Vermeulen (2004: 687) states that *Hydrastis canadensis* is indigenous to eastern North America. It is usually found in clusters that grow throughout the year. The herb has a flat, irregular knotted, bright yellow root stock which gives rise to a large, wrinkled basal leaf and a hairy flower stem which extends to 20 to 30cm. The flower stem extends into two large palm shaped leaves. *Hydrastis canadensis* is considered

to be an indispensable medicine for treating disorders of digestion and it has an affinity for the mucus membranes. A study conducted Ettefagh *et al.* (2011: 835-40) demonstrated the antibacterial properties of *Hydrastis canadensis* against *Staphylococcus aureus*. A study conducted by Hwang *et al.* (2003: 623-7) showed the antimicrobial effectiveness of berberine, a constituent of *Hydrastis canadensis*, against oral pathogens.

2.5.1.3 Toxicology

Hydrastis canadensis may cause irritation of the mouth, throat and stomach as well as convulsions when taken in toxic doses (Mills and Bone 2005: 447) and can lead to paralysis and respiratory failure (Vermeulen 2004: 689). High doses can produce nausea, vomiting, tingling in the hands and feet and a reduced white blood cell count (Vermeulen 2004: 689). Doses higher than 0.5 grams of berberine, a constituent of *Hydrastis canadensis*, may cause nose bleeds, dizziness, skin and eye irritation, diarrhoea, nephritis and urinary tract disorders (Mills and Bone 2005: 447). However, such doses of berberine will not be reached from berberine-containing herbs used at the recommended therapeutic doses (Mills and Bone 2005: 448).

2.5.1.4 Proving of *Hydrastis canadensis*

According to Vermeulen (2004: 689) homoeopathic *Hydrastis canadensis* was proved by Hale in 1865, although the record is not publicly available. Other provings include:

- Burt in 1862 who conducted self-experimentation using a powdered root in doses increasing from 20 to 100 grains taken over a period of five days, followed by 70 drops of a tincture and 50-70 drops of Tilden's fluid extract for two days.
- Weaver in 1865 conducted self-experimentation using eight to ten drops of a tincture for two to three days in his first trial. In the second proving, he used 10-15 drops of tincture on one day, with the effects persisting for 10 days.
- Whiteside conducted self-experimentation in 1865 using a tincture of a dried root; doses from 30-300 drops for a period of 18 days.

- Lippe in 1866-1867 conducted a proving consisting of 15 provers (12 males, three females). The provers were from a class of students at the Hahnemann College of Philadelphia and used different potencies with the 30th being the most used.

2.5.1.5 Materia medica of sinusitis symptoms

Keynotes:

- Promotes discharge and expectoration of thick, yellow, tenacious catarrh from the mucus membranes;
- Sinusitis after coryza; and
- Thick tenacious mucous from posterior nares to throat (Vermeulen 2000: 491).

2.5.2 *Kalium bichromicum*

Figure 2.2 is an illustration of Kalium bichromicum.



Figure 2.2: Kalium bichromicum
Source: Potassium dichromate 2010

2.5.2.1 Classification

Common name: Kalium bichromicum

Scientific name: Potassium dichromate

Chemical Formula: $\text{Cr}_2\text{K}_2\text{O}_7$

2.5.2.2 Description and uses

Vermeulen (2002: 738) describes potassium dichromate as orange red crystals or powder that does not have the ability to readily absorb water but dissolves sparingly in water. Potassium dichromate is used in the manufacturing of safety patches, fireworks and explosives.

2.5.2.3 Toxicology

Vermeulen (2004: 729) states that contact with the skin may cause burns, eczema or ulcers; can be fatal if absorbed through the skin. It can cause ulcerations that may infiltrate the bone. Internally, it is a destructive substance and when ingested it may cause severe burns of the mouth, throat and stomach. In the case of inhalation it is destructive to tissues of the mucus membranes of the nose, throat and respiratory tract; potentially causing ulceration and perforation of the nasal septum. Sore throat, coughing, shortness of breath and difficulty in breathing and allergic asthma may occur. Pulmonary oedema may occur with high levels of exposure. It can produce a violent gastroenteritis, peripheral vascular collapse, dizziness, severe thirst, muscle cramps, shock, coma, abnormal bleeding, fever, liver damage and acute renal failure.

2.5.2.4 Provings of *Kalium bichromicum*

According to Vermeulen (2004: 739) homoeopathic *Kalium bichromicum* was first proved by Drysdale in 1844 when 17 provers (11 males, six females) were used; doses of one to 100 drops of a saturated solution was taken multiple times per day for periods ranging from several days to 2-3 weeks. In 1845 there was an Austrian proving which consisted of 14 provers (11 males, two females), who took repeated doses of a solution of several C- or D- potencies.

2.5.2.5 Materia medica of sinusitis symptoms

Keynotes:

- This substance has a special affinity for mucous membranes of the respiratory and digestive tracts; and
- It produces tough, stringy, viscid, greenish-yellow catarrh of the pharynx, larynx, bronchi and nose (Vermeulen 2000: 531-532).

2.5.3 *Cinnabaris*

Figure 2.3 is an illustration of cinnabar.



Figure 2.3: Cinnabar
Source: Roarke 2015

2.5.3.1 Classification

Common name: Cinnabar

Scientific name: Mercury sulphide

Chemical formula: HgS

2.5.3.2 Description and uses

Vermeulen (2004: 271) states that Cinnabar is commonly found as fine-grained to dense, frequently strongly light red to dark red masses. The crystals are well formed and are red, transparent and display a diamond like lustre. Cinnabar contains about

80 percent of mercury, being the only common ore of mercury. Well known places where it is found include Almaden, in Spain, Italy and India. It is soluble in water and diluted acids and practically non-toxic. Cinnabar is frequently used to provide powders and ointments of a skin colour, in a mixture with a brown powder. According to Liu *et al.* (2008: 810) Cinnabar has been utilised for thousands of years in traditional medicine and presently 40 traditional remedies contain cinnabar. It is also used to give colour to paint and tattoo dyes (Liu *et al.* 2008: 810).

2.5.3.3 Toxicology

Symptoms of cinnabar toxicity are nausea, vomiting, excessive salivation, slow pulse and a greasy tongue coating (Hempen and Fischer 2009: 418). An acute overdose can cause central nervous system disturbances, nervousness, metallic taste in the mouth, gingivitis, loss of appetite, abdominal pain, diarrhoea, tremor, hepatic and liver damage (Hempan and Fischer 2009: 418).

In a case report an 87 old male developed a dry cough, fever and dysnea subsequent to inhaling mercury vapours from heated cinnabar (Kamath *et al.* 2012: 836).

Liu *et al.* (2008: 810-817) conducted a study to assess cinnabar in relation to other mercurial compounds. The analysis showed that cinnabar is insoluble and poorly absorbed from the gastrointestinal tract and has a tendency to accumulate in the kidney. It was conferred from pharmacological studies that cinnabar has hypnotic and sedative effects but the therapeutic indication remains unclear. The adverse effects of traditional medicines containing cinnabar at therapeutic effects are low, tolerable and reversible. In studies conducted on rats, mice and guinea pigs that ingested high doses (1.0 g/kg/d for 7d) of cinnabar, reversible hearing dysfunction, learning memory deficit, and other behavioural abnormalities were produced. However, the doses used in these studies were 100-500 higher than the human daily dose. When cinnabar was given to mice in doses (10 mg/kg/d) for a longer period, extending to eight weeks, symptoms did not develop until seven weeks of continuous administration. The cerebellum was most susceptible area. When administered to

mice for a lengthy period of four weeks, cinnabar increased renal mercury burden and decrease levels of thyroxin levels. However, in this study no data on nephrotoxicity was reported. The Liu *et al.* (2008) study concluded that when ingested orally, cinnabar is chemically inert and has a relatively low toxic ability.

2.5.3.4 Provings of *Cinnabaris*

Homoeopathic *Cinnabaris* was first proved by Hahnemann (Vermeulen 2002: 271) and again by Allen (2014).

2.5.3.5 Materia medica of sinusitis symptoms

Keynotes:

- Congestion to the head, especially to head or vertex;
- Nose: pressive sensation, as from heavy spectacles; and
- Discharge from the nose is acrid, foul, burning, watery or dark lumps (Vermeulen 2000: 324).

2.6 Homoeopathic multiple prescriptions

Polypharmacy or multiple prescribing is a method by which two or more remedies are administered simultaneously either in alteration to one another or as a combination (Watson 1999: 71).

According to Blessing (2011: 1-28) the origins of multiple prescribing can be traced as far back as 1831/32 with Karl Julius Aegidi (1784-1874) being one of the first proponents of this type of prescribing. Aegidi had found success in using multiple remedies but only agreed to use this method when the smallest doses of remedies were ineffective and when they were more effective in combination. Aegidi informed Hahnemann about his success and for a while Hahnemann experimented with multiple remedies and even wrote a paragraph to be included in the fifth edition of the Organon detailing this method. However, Hahnemann later changed his mind for a number of reasons: he felt that it was too close to allopathic polypharmacy; the

human made mixtures did not meet the quality of naturally occurring substances, and; the method was difficult and complicated. There were many homoeopathic physicians that were opposed to complex prescribing at that time that shared Hahnemann's sentiments and dissuaded him from its publication.

In Aphorism 273 Hahnemann states:

In no case of cure is it necessary to employ more than a *single simple* medicinal substance at one time with a patient. *For this reason alone, it is admissible to do so.* It is inconceivable that there could be the slightest doubt about whether it is more accordance with nature and more reasonable to prescribe only a *single, simple*, well-known medicinal substance at one time in a disease or a mixture of several different ones. In homeopathy – the only true and simply, the only natural medical art – it is absolutely prohibited to administer to the patient, *at one time*, two different medicinal substances (O'Reilly 1996: 246, 267, emphasis as in original text).

In Aphorism 274 Hahnemann argued against using complexes when simple remedies would suffice and explained that the interaction between remedies in a complex had not been studied (O'Reilly 1996: 267). However, De Schepper (2006: 31) highlights Aphorism 173 which states that different remedies should not be administered "at one time" suggesting that remedies could be administered at different times in the day. According to Blessing (2011: 7), Hahnemann did permit remedies to be taken in sequence provided that the previous remedial effects had abated before the next remedy was administered.

According to Blessing (2011: 1-28, the basis for the information in the rest of this paragraph) one of the main forerunners of polypharmacy was Arthur Lutz (1813-1870). He established a clinic in Cothen, Germany, in which he treated thousands of patients using polypharmacy and this large number of patients was the reason why he used this method arguing that there was not enough time for intensive case taking in order to select the single remedy. He compared polypharmacy to the brain, "in which thousands objects whether acquired or invented, are ranged side by side without being mixed; if this should take place, it shows mentally disease,

derangement, insanity". He believed that polypharmacy was more efficient than single remedies but cautioned against combining random remedies together. Homoeopathic practitioners Finella and Belotti were the first to institute and publish their own method of using complex remedies. According to Belotti, an organism is able to choose which substance will be beneficial to healing and reject the ones that would not be useful. Finella believed that single remedies worked on single organs whilst complexes would treat multiple organs. Hans Ritter (1897-1988), head physician at the polyclinic of the Robert Bosch Hospital, agreed with August Bier (1861-1949), surgeon at the Berlin University Clinic, that the symptoms picture of a particular case can be complicated and covers so many organs that it would not be possible to prescribe a single remedy. As the use of complex remedies grew so did the controversy surrounding them. Opponents of multiple prescribing such as Tietze (1799-1847), Philipp Wilhelm and Ludwig Griesselich were against the use of complexes for a number of reasons. They argued that the single remedy and individualistic treatment principles should be adhered to. They believed complexes lacked efficacy and that it was mere laziness and not taking the time to choose a single remedy. They were concerned at the vast number of lay practitioners that began prescribing complexes. They were concerned that no drug provings had been conducted on complexes nor was there any clinical research published; moreover, they were concerned with commercialisation of complexes being the priority of pharmaceutical companies. However, separate to single remedy homoeopaths, there was a view that in exceptional cases where a single remedy did not cover the totality of symptoms, a complex could be prescribed. Another view was that further experience was warranted before making a decision about multiple prescribing. Lay practitioner Heinrich Hense (1868-1955) and Swiss homoeopath Clerc were in support of complex prescribing and were of the view that homoeopathic science should be not stationary but evolve with new ideas and developments and argued that complexes were more efficient. The argument was also that in some cases patients are not able to provide a clear disease picture from which a single remedy can be elucidated and the large number of remedies available makes this choice difficult. To counter the argument that complex drug provings were not carried out, these practitioners said was that it could not be classified as polypharmacy as the remedies complemented each other. Amongst the pioneers of complex treatment and commercialisation of such complexes are lay practitioners such as Emanuel

Felke (1856-1926), Heinrich Hans (1868-1955) and Magdaline Madus as well as practitioners such as Heinrich Reckeweg (1877-1944) and pharmacists Friedrich H. Pascoe (1867-1930) and Richard Mach (1871-1936).

Medhurst (1999: 132) states that remedies in a complex are either chosen because many single remedies in the complex have a strong indication for a specific symptom expressed by the patient or because they are specific for that disease. However, De Schepper (2006: 31) states that it is difficult to predict the action of a complex based on its constituent parts and “If pharmaceutical companies want to market mixtures of remedies, they should develop them according to the principles of homoeopathy and test the effects of the mixtures on healthy individuals (‘proving’) rather than relying on information about the ingredients used separately.”

Furthermore, following up on prescription of a complex is difficult in terms of evaluating the beneficial effects of the complex; which remedy in the complex caused the improvement or whether the remedies acting together produced the improvement (Vithoukas 1998: 218). This knowledge is necessary for future prescriptions (Vithoukas 1998: 218). Alternatively, if the complex prescription produces an adverse reaction, there is no way to accurately evaluate what was the cause (Vithoukas 1998: 218). There have been no provings on complexes to predict what symptoms such complexes could cure (Vithoukas 1998: 218). Swayne (1998: 165) acknowledges that there is much debate about the benefits and effects of multiple prescribing; however, there is no evidence to validate the different methods. Therefore, this evidence needs to be provided (Swayne 1998: 165).

Besides the Ebrahim (2003) study, there have been several clinical trials conducted at DUT and the University of Johannesburg (UJ) and internationally which have been aimed at assessing the efficacy of homoeopathic complexes. Some of results were positive while others were not.

Jeannes (2001) investigated the effect of a homoeopathic complex on eradication of parasites compared to standard pharmaceutical medication in a sample of 32 dogs. She found the treatment to be as effective as the pharmaceutical medication

according to the evidence of ova in stool samples, although the complex took longer in producing an effect.

Mogapi (2013) studied a homoeopathic complex for the treatment of primary hypertension compared to placebo in 30 Black adults over a period of six weeks. Statistical analysis revealed a significant improvement in systolic blood pressure in the verum group compared to the placebo group ($p = \leq 0.01$).

Moyal (2002) conducted a clinical trial on problematic primary dental eruption using homoeopathic similimum and a homoeopathic complex (*Chamomilla* 30CH, *Belladonna* 30CH and *Scutellaria* D6). Thirty infants were used and a teething questionnaire was used as the measurement tool. The result from the Mann-Whitney test and Wilcoxon sign test showed similimum treatment was more effective than the complex. One of the recommendations made by Moyal (2002: 84), is that a proving of the complex is necessary to understand the efficacy and action of the complex.

Vaithilingam (2008) conducted a clinical trial at DUT on job burnout using a homoeopathic complex (*Germanium metallicum* 30CH, *Nux vomica* 12CH, *Kalium phosphoricum* 6CH, *Picricum acidum* 6CH). The trial consisted of 30 participants, 15 on active medicine and 15 on placebo and The Maslach Burnout Inventory was used as a measurement tool. The results of the study were that the complex was statistically ineffective in the treatment of job burnout. Vaithilingum (2008: 56) suggested a proving of a complex to establish the exact symptomology of the complex.

Zabolotnyi *et al.* (2007: 98-109) assessed the efficacy of an over the counter commercial complex, Sinfrontal, in the treatment of acute maxillary sinusitis. In randomized double blinded study 57 received active medicine and 56 received placebo and additionally patients were allowed saline inhalations, paracetamol, and over-the-counter medications, but treatment with antibiotics or other treatment for sinusitis was not permitted. The main measurement tools was a sinus severity score. The result showed Sinfrontal was effective in the treatment of acute maxillary sinusitis. However, because there were so many other therapeutic variables at play (saline inhalations etc.) the results cannot be regarded as unequivocal. The current

researcher originally sought to conduct a proving on this complex, but emails seeking permission from the company producing it (Chemisch-Pharmazeutische Fabrik Goeppingen GmbH u. Co. KG, Goeppingen, Germany.) were not answered so was unable to do so. There is a Sinfrontal complex produced by Natura in South Africa, but this is a slightly different formulation to the Sinfrontal produced by Chemisch-Pharmazeutische Fabrik Goeppingen GmbH. The researcher sought permission from Natura to use their product for her study but permission was not forthcoming.

Maharaj (2006: 21-22) states that over the counter complexes are very commonly used and are a way in which the general public become familiar with homoeopathy thus complexes have a place in homoeopathic medicine. The issue with this rationale is that again the effects of polypharmacy is unknown and these complexes may very well prove to be ineffective when utilised. This may dissuade individuals from the use of homoeopathic medicine.

To date the researcher has only found limited recent information on complexes in general and especially on the effects of polypharmacy. This raises concern as complexes are readily available and used so frequently without extensive research being conducted on their interaction and without investigation into this method multiple prescribing. Surely this is a gap in the literature that needs to be addressed.

2.7 Sinusitis

Sinusitis is defined as the inflammation of the paranasal sinuses as a result of a viral bacterial, or fungal or allergic reactions (Beers *et al.* 2006: 831). According to Beers *et al.* (2006: 831) the symptoms of sinusitis are:

- Purulent rhinorrhea;
- Pressure and pain in the face;
- Nasal congestion and obstruction;
- Hyposmia, anosmia;
- Halitosis; and
- Productive cough.

Acute sinusitis is generally a clinical diagnosis, however laboratory tests can be used to identify specific organisms and other relevant parameters if required (Brooke 2011: 2).

CHAPTER 3 : RESEARCH METHODOLOGY

3.1 Research design

This study was a randomised double blinded placebo controlled study of 20 participants (four on placebo), utilising a qualitative approach. Qualitative research “examines individuals and phenomena within the context in which they occur” (Salkind 2012: 11) whereas quantitative research involves “experimentation, manipulation of study conditions and use of numeric data” (Drew, Hardman and Hosp 2008: 138-139). A qualitative research approach is regarded as appropriate because the data is the subjective experience of provers as recorded in their journals, and the final selection of symptoms to record as rubrics is based on the subjective decision of the prover, guided by guidelines regarding selection of symptoms as per the Homeopathic Proving Guidelines (Ross and Jansen 2014). Teut *et al.* (2010) combined a standardised qualitative analysis procedure with quantitative analysis techniques involving statistical analysis and p values, but this study used only qualitative analysis. This study was a randomised double blinded placebo controlled study of 20 participants (four on placebo).

3.2 Outline of proving methodology

1. Potential participants were recruited through an advert (Appendix A) placed on the noticeboards throughout DUT and health shops, shopping centres and other public notice boards in the greater Durban area. There was no particular target population in mind.
2. Respondents had to undergo a preliminary screening by the researcher when they phoned the researcher in response to the advert. The researcher telephoned the participants back to conduct the interview. Callers were asked to grant oral permission to being asked screening questions which were general in nature (Appendix B).

3. At the first appointment participants were screened according to the inclusion and exclusion criteria and if eligible, and signed a consent form (Appendix C) to undergo a case history and physical examination (Appendix D). If on case taking and physical examination aspects of health were revealed which met the exclusion criteria (e.g. hypertension) then these individuals were thanked for their willingness to participate and referred to an appropriate health authority for management of their condition.
4. If they were suitable for inclusion, they received the Letter of Information to Provers (Appendix E).
5. The researcher then guided the participant through the contents of the letter, which was a form of training in how to recognise and record symptoms.
6. The participant then signed a consent form (Appendix F).
7. The Clinician on duty signed the SOAPE note from that appointment which formalised their inclusion into the proving study.
8. Once participants were formally included in the study they were randomly assigned to an active medicine (16) or placebo (four) group (as per randomisation list prepared by the research co-ordinator).
9. Participants received a prover number, an envelope containing six powders (as per randomisation list), a recording journal and a start date.
10. During the preliminary observation period, provers recorded their normal state in their journals for a week.
11. During the observation phase, provers took one powder three times a day or until the appearance of symptoms and continued recording.
12. During the post administration observation period, provers continued journaling for six weeks from the administration of the first dose.
13. The researcher was in daily contact with the participant for the observation period which reduced to two to three times a week then weekly as appropriate per individual in the post administration observation period.
14. Each prover had a proving period in total of seven weeks. After their proving period was completed, a post proving consultation occurred.
15. Once all of the journals were collected, a post proving meeting was held. At this meeting the substance and group allocation was revealed. The provers discussed their proving experience with the researcher.

3.3 Preparation of the proving substance

The complex was manufactured by Comed Health Natura Laboratory. Each of the individual remedies were potentised separately and thereafter combined (Appendix G). The reason for the preference of having the complex manufactured by a commercial enterprise was for the proving substance to reflect the reality of commercially available complexes manufactured by companies such as Comed Health Natura Laboratory.

3.3.1 Manufacture of the complex

Details of the manufacture of the complex were supplied by Robyn van Niekerk, Head Laboratory Supervisor of the Dispensing Laboratory of Comed Health Natura (email dated 11 September 2014).

Hydrastis canadensis tincture ($\emptyset=D1$) is supplied by Gerlicher and prepared according to method 4a of the German Homoeopathic Pharmacopoeia (GHP) (2005). Comed's Standard Operating Procedures utilise 96% alcohol at each dilution level after 2CH rather than 43% as per Method 4a.

Potassium dichromate is supplied by Sigma Aldrich and is prepared according to method 5a of the GHP. Comed's Standard Operating Procedures utilise 96% alcohol at each dilution level after 3CH rather than 43% as per Method 5a.

Cinnabaris D6 is supplied by Dolisos and made according to the French monograph. The D6 potency is equivalent to 3CH. Subsequent dilutions from 4CH-12CH are prepared as per Comed's Standard Operating Procedures which is a dilution ratio of 1 part of previous potency to 99 parts of 96% alcohol.

Once all the remedies were at the 12CH level, they were combined in equal parts and used to triple impregnate granules according to method 10 of the GHP.

The placebo granules were also prepared by Comed in the same way as the complex by means of triple impregnation of neutral granules, using the same ethanol batch used in the manufacturing of the complex, according to method 10 of the GHP.

Placebo and medicinal lactose powders were prepared at the DUT Homoeopathic Clinic laminar flow room by the researcher by placing 10 granules of either the complex (total of 120 powders) or the placebo (total of 36 powders) into the powders.

3.4 Potency

The remedies in this complex were at a potency of 12CH because the researcher has taken into account the potency (9CH) of the complex used by Ebrahim (2003) in her research study, which this study was extending, and the recommendation of potency selection (12CH and above) for provings by the LMHI-ECH Homeopathic Proving Guidelines (Ross and Jansen, 2014: 10).

3.5 Dosage and posology

On the basis of Sherr's (1994: 53) recommendations, the provers took one powder three times daily for two days or until symptoms appeared. Six powders were issued to each prover.

3.6 The prover population

According to the LMHI-ECH Homoeopathic Proving Guidelines (Ross and Jansen 2014: 17) there should be a minimum of 10 verum provers at closure of the observation phase but not more than 20 verum provers, as this would reflect a negative burden/benefit ratio. Sherr (1994: 45) states that 15-20 provers are necessary to produce a complete remedy picture.

In accordance with these recommendation this study had a sample size of 20 provers. Sixteen provers were on active medicine and four on placebo. The provers were randomly assigned to a verum or placebo group by a randomisation list

prepared by the DUT Department of Homoeopathy research co-ordinator, Dr D. F. Naude.

3.7 Inclusion and exclusion criteria

Inclusion criteria

In order to participate in this study provers should:

- Be between 18 to 60;
- Be in a state of general good health;
- Be fluent and literate in English (the researcher is literate only in English); and
- Be willing to adhere to the required procedure for the duration of the proving.

Exclusion criteria

In order to participate in this study provers should:

- Not be on any medication (herbal, homoeopathic, allopathic, other);
- Not planning to have any dental or medical treatment involving anaesthetic injections;
- Not have been on the birth control pill or hormone replacement therapy in the last six months;
- Not be pregnant or breast feeding. A pregnancy test will be conducted on female respondents;
- Not had surgery in the last 6 months;
- Not using recreational drugs such as cannabis, ecstasy etc.;
- Not currently suffering from hypersensitivity diseases such as: asthma, hay fever, eczema, allergies, food hypersensitivities;
- Not consume more than two measures of alcohol a day (1 measure = 1 tot / 1 beer / half a glass of wine);
- Not consume more than 10 cigarettes a day;
- Not consume more than three caffeinated drinks (tea, coffee or other) a day; and
- Not have a diagnosed mental or emotional disorder/s.

3.8 Monitoring of provers

During the observation phase the researcher was in regular telephonic contact with each prover at a predetermined time. The researcher was in daily contact with the participant for the preliminary observation period which reduced to two to three times a week then weekly as appropriate per individual in the post administration observation period.

3.9 Lifestyle during the proving

Provers were informed of the following:

- To protect the proving substance like any other potentised remedy: store it in a cool, dark place away from strong smelling substances, chemicals, electrical equipment and cellphones.
- A successful proving depends on the prover recognising and respecting the need for moderation in the following areas: work, alcohol, exercise and diet. Participants were encouraged to remain within their usual framework and maintain your usual habits.
- Participants were requested to avoid taking medication of any sort, including antibiotics and any steroid or cortisone preparations, vitamin or mineral supplements, herbal or homoeopathic remedies.
- In the event of medical or dental emergency of course common sense should prevail. Participants were encouraged to contact their homoeopathic doctor, dentist, medical doctor or local hospital as necessary, and the researcher as soon thereafter as possible.

3.10 Ethical considerations

This study was granted ethical approval by the Institutional Research Ethics Committee (Appendix H). All participants were given information about the process of the proving by the researcher. All provers were required to sign a consent form agreeing to participate in the proving and adhere to the required procedure for the

duration of the proving. In addition, provers were informed that the study was voluntary and that they could withdraw at any time.

3.10.1 Adverse events

According to the HPCUS (2013), “Adverse Events (AEs) are any untoward medical occurrence in subjects who are administered a pharmaceutical product during a clinical trial, irrespective of whether there is a causal relationship with the product”. In the case of a proving, any symptom or condition that occurs in a prover which is clinically unexpected is considered an AE. However, for it to be defined as an AE it must fulfil at least one of the following criteria:

- a) Have duration longer than the proving period;
- b) Have clinical severity greater than described in the Informed Consent;
- c) Have clinical severity that falls within the definition of Serious Adverse Event;
- d) Require therapeutic intervention; and
- e) Results in removal from the Proving (HPCUS 2013).

There were no adverse events reported during this research study.

3.11 Duration of the proving

Phases:

- Preliminary observation period. Provers recorded their normal state in their journals for a week.
- Observation phase. Provers took one powder three times a day or until the appearance of symptoms and continue recording.
- Post administration observation period. Provers continued journaling for six weeks from the administration of the first dose.

After these phases were completed for each prover, the researcher scheduled a post proving consult where a case history and physical examination was conducted to ensure that the prover had returned to their normal healthy state. Once all of the post proving consults were completed, a post proving meeting was held. Unfortunately,

for reasons beyond the control of the researcher, not all provers attended the post proving meeting. However, from the provers that attended there was a discussion of the characteristic symptoms experienced by provers and the researcher was able to understand the substance in its broader picture.

3.12 Data collection, analysis and reporting

3.12.1 Data collection

Data was collected primarily from the journals collected from provers. Other sources of data included:

- The initial consult and physical examination;
- Post proving consult and physical examination; and
- Telephonic communication.

3.12.2 Analysis

Proving symptoms was extracted from the data sources as describe above (3.12.1) and chosen according to the inclusion criteria listed below.

Criteria for the inclusion of a symptom as a proving symptom:

- A new symptom unfamiliar to the prover occurred after taking the remedy (Riley 1997: 227; ICCH 1999: 227).
- A current or usual symptom for the prover intensified (Sherr 1994: 70; ICCH 1999: 36).
- The symptom did not appear in a prover in the placebo group (Ross 2011: 102).
- A current symptom that is modified or altered with a clear description of current or modified component (Sherr 1994: 70; ICCH 1999: 36).
- The symptom did not occur in the prover within the last year (a current symptom) (Sherr 1994: 70; Riley 1997: 227).

- Any symptom that occurred a long time previously, especially longer than five years ago but has not occurred for at least one year and that has no reason to occur at the time of the proving (Sherr 1994: 70).
- A present symptom that disappears during the proving. This will be marked as a cured symptom (Sherr 1994: 71; Riley 1997: 227; ICCH 1999: 36).
- The frequency of the symptom i.e. the number of times throughout the proving (Sherr 1994: 72).
- The intensity of the symptom i.e. vague, light, clear, strong or bothersome (Riley 1997: 227).
- The number of subjects experiencing a symptom; a symptom experienced in more than one subject will be considered as a valid symptom if it is clearly observed in another prover (Sherr 1994: 71, Riley 1997: 71).
- A symptom will be excluded if it could have been produced by a change in life or exciting cause (ICCH 1999: 36).
- The time of day at which a symptom occurs will only be included if there is repetition of such a time in another prover (ICCH 1999: 36).
- If the prover is under the influence of the remedy, then all the other new symptoms will be proving symptoms (Sherr 1994: 70).
- A strange, rare or peculiar symptom which has never appeared before and is unfamiliar to that prover will be included in the proving (Sherr 1994: 72).
- The modalities, concomitants, localisation (sides and extension) and timing associated with a symptom that appears during the proving and is a result of the proving will be included as a valid symptom (Riley 1997: 227).

The above process was followed with all the data from all the participants. All symptoms were then converted to rubrics. After this was completed, the study was un-blinded. Thereafter, symptoms and their corresponding rubrics from placebo participants were discarded and only symptoms and corresponding rubrics from verum participants which met all of the above criteria were finally included as valid symptoms.

3.12.3 Collation and editing

The aim of collation is to synthesise separate accounts from each prover into one single composition (ICCH 1999: 36). All data from each prover was placed under the relevant division e.g. mind, abdomen, generals etc. found in Synthesis. Symptoms from each prover were then grouped together according to the headings and subheads within these divisions following the format found in Synthesis. All similar entries from a prover were amalgamated into a single entry to prevent unnecessary repetition (Sherr 2003: 78).

3.12.4 Reporting of data

All extracted symptoms were categorised into a standard head to toe format. The symptoms were then converted into rubrics according to the categories in Synthesis, Edition 9.1 (2004), edited by Dr. Frederik Schroyens, as listed in Table 3.1. In an instance of a suitable rubric not being found in Synthesis, a new proposed rubric was created to match the given symptoms.

Table 3.1: Rubric categories in Synthesis, Edition 9.1

1. Mind	22. Urethra
2. Vertigo 4	23. Urine
3. Head	24. Urinary Organs
4. Eye	25. Male
5. Vision	26. Female
6. Ear	27. Male/Female
7. Hearing	28. Larynx
8. Nose	29. Respiration
9. Face	30. Cough
10. Mouth	31. Expectoration
11. Teeth	32. Chest
12. Throat	33. Back
13. External Throat	34. Extremities
14. Neck	35. Sleep
15. Stomach	36. Dreams
16. Abdomen	37. Chill
17. Rectum	38. Fever
18. Stool	39. Perspiration
19. Bladder	40. Skin
20. Kidneys	41. Generals
21. Prostate	

These rubrics were then examined as they appear in Synthesis, Edition 9.1 (Schroyens 2004) to see if the constituent remedies of the complex were present in that rubric. In doing so the researcher ascertained which rubrics involved the constituent remedies and those that did not. This comparison established the similarities and differences between the complex as a 'substance' and its constituent parts. The rubrics that did not contain any of the three remedies of the complex and the rubrics that contained all three remedies were then extracted and listed together, then discussed collectively so as to represent the unique characteristics of the new remedy formed. The researcher repertorised seven key mind symptoms and ten physical / general symptoms, using the electronic version synthesis found on Radar[®] 10 (Archibel, 2008) program, to get a sense of what existing remedies this 'new' remedy was similar to.

CHAPTER 4 : THE RESULTS

4.1 Introduction

The symptoms extracted from the journals of the verum provers were collated and edited according to materia medica and repertory format. The rubric section follows the format of the categories in Synthesis, Edition 9.1 (2004), edited by Dr. Frederik Schroyens.

4.2 Prover list

The proving of this homoeopathic complex consisted of a proving sample of 20 participants, 16 on active medicine and four on placebo. Two provers, 1 and 4, were replaced during the course of the proving as prover 1 withdrew from the study due to his own personal reasons and prover 4 had to be excluded. The replacement prover numbers were designated as 1a and 4a. At the close of the observation period there were 15 verum provers and four on placebo. Table 4.1 contains the list of provers according to prover number, age, gender and group allocation i.e. verum (V) or placebo (P).

Table 4.1: List of provers

Prover no.	Age	Gender	Verum/Placebo
1a	21	M	V
02	21	M	P
03	27	M	V
4a	23	F	V
05	23	F	P
06	30	M	V
07	27	M	V
08	18	F	V
09	36	F	V
10	26	F	V
11	24	F	V
12	41	F	P

14	26	F	V
15	28	F	V
16	40	M	V
17	21	F	V
18	18	F	V
19	19	M	V
20	21	M	P

4.2.1 Age distribution

Figure 4.1 shows the age distribution of provers.

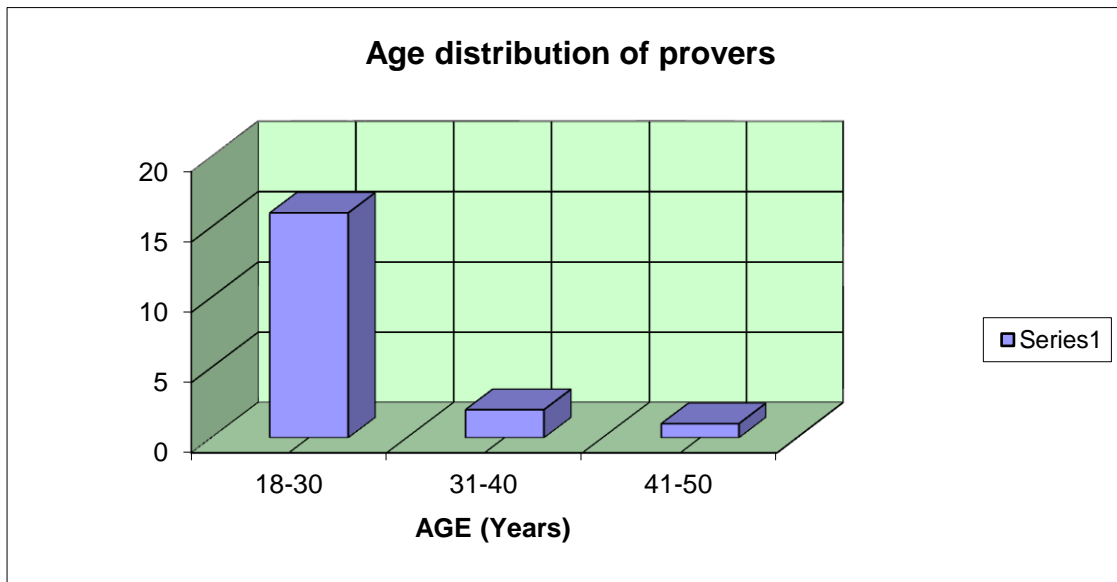


Figure 4.1: Age distribution of provers

4.2.2 Gender distribution

Figure 4.2 shows the gender distribution of provers.

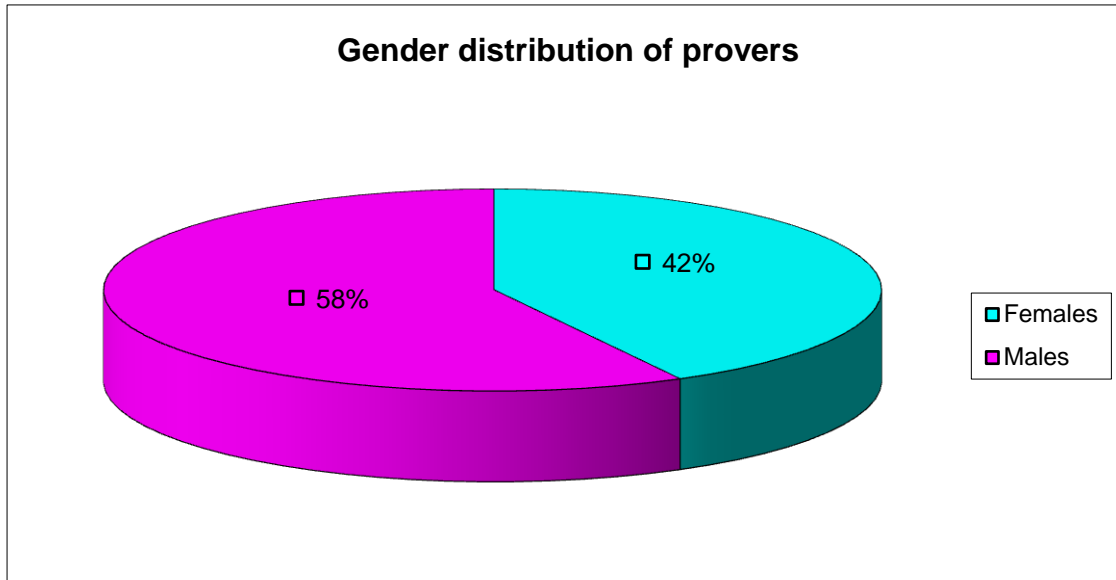


Figure 4.2: Gender distribution of provers

4.2.3 Ethnic distribution

Figure 4.3 shows the three ethnic distribution of provers.

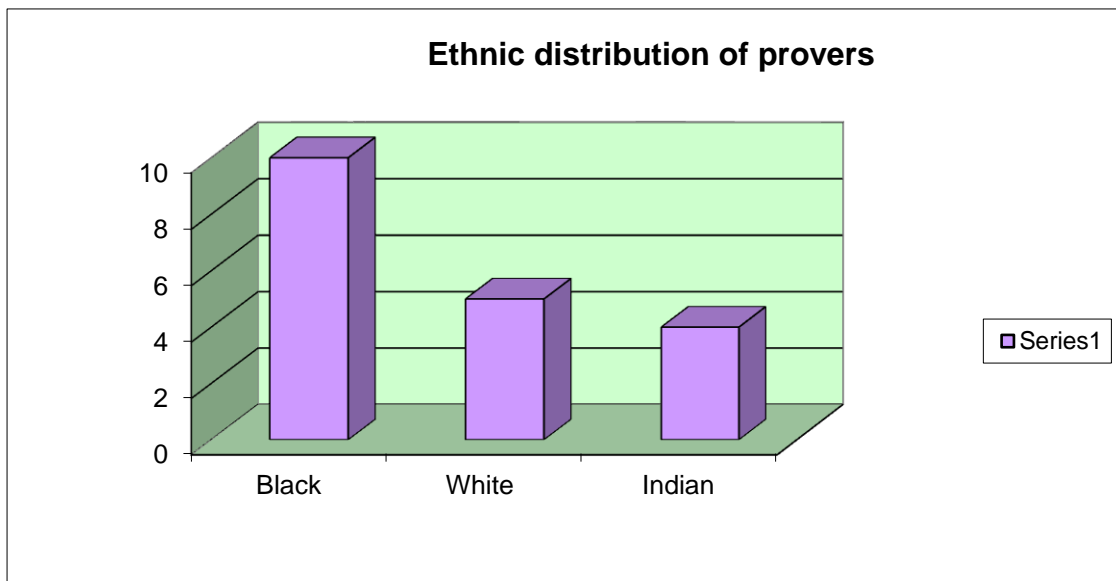


Figure 4.3: Ethnic distribution of provers

4.3 The materia medica

The symptoms from the proving of the homoeopathic complex (*Cinnabaris* 12CH, *Hydrastis canadensis* 12CH, *Kalium bichromicum*) in this study were structured according to the traditional materia medica and repertory structure, grouping symptoms under the relevant headings and subheadings. The proving symptoms were referenced according to the format suggested by Sherr (2003: 78):

- The designated prover number, gender and timing;
- The timing included the day of the proving, then the hour and minutes since the first day the substance was taken. After the first 24 hours the minutes were not considered and after two days the hours were not considered;
- If there was no clarity of timing, the symptom was referenced as XX:XX:XX;
- All additional information obtained from the provers at the post proving consult and meeting appear in squared brackets.
- Provers used signs <, which indicates an aggravation and >, which indicates an amelioration of symptoms.

Full instructions to provers regarding how to record their symptoms can be found in Appendix E.

In the journal excerpts below the wording and sentence structure of the provers has been retained as much as possible with minor changes only to improve comprehensibility.

4.3.1 Mind

4.3.1.1 Ambition

Unwillingness to do anything.

Unambitious.

Feeling improved after gym.

19 M 17:XX:XX

4.3.1.2 Anxiety

7:30pm feeling of anxiety for +/- 5 mins (I am generally not an anxious person) – heart palpitations.

10 F 00:XX:XX

4.3.1.3 Anger

Emotional. Easily irritable or angry.

10 F 02:XX:XX

My family thinks my moods are a bit different as I tend to get angry quicker in the last week.

17 F 24:XX:XX

4.3.1.4 Benevolence

I just think that now I react a bit differently when I am put in an awkward position. I don't stand up for myself or react as I did before. For as long as I can remember I just cannot stand a disrespectful male because of my history. I normally stand up for myself and make sure I put them in their place no matter what age they are. Yesterday there were two incidents occurred but I reacted in the most calm, reserved and polite way [I felt like I could control the angry feeling I had and I didn't feel the need to hurt the other person. I have to think of how they would feel if I reacted rudely.]

18 F 01:XX:XX

4.3.1.5 Cheerful

Felt happy.

14 F 00:XX:XX

I woke up really early even though I slept late. I feel energetic and I feel this can do attitude and I feel quite light and happy.

18 F XX:XX:XX

4.3.1.6 Company

-Aversion to - alone ameliorates; when

During the day I realise that I have no problem sitting alone. It gave me much peace. Not that I mind people around me, it's just that when I am sitting alone I feel like I am in control. In the past I would want to sit alone then soon start to feel isolated or left out/lonely but now it's as if I shine better when I am sitting alone as if I bring fear to the people around. It's as if I am in control like a flower which has the ability to attract people (animals) to come to it and I am going to eat them. As a king sit on a throne.

11 F XX:XX:XX

-Aversion to: desire for solitude

Feeling of wanting to be alone.

4a F 20:XX:XX

-Desire for alternating with aversion to company

I am finding myself able to study around people which is not my thing [I normally prefer learning and studying on my own but during this time I was able grasp more and actually learn better with a group.]

18 F 02:XX:XX

It 10:am my first lecture went well as soon as I separated from my classmates I felt like crying a lot I just felt hurt and broken yet nothing happened but I just couldn't cry and I thought I should sleep but I couldn't so I cleaned my room which is what I normally do to feel better but I still felt the same. But after cleaning I managed to sleep. [not being with people.]

18 F XX:XX:XX

I feel really tired today I just don't want to get out of bed. I was awake by 07:00 but I had no aim of leaving my bed. I felt as I wanted to be alone, asleep and I thought the world doesn't need me so I just should be alone.

18 F XX:XX:XX

4.3.1.7 Communicative

Saying the right thing (just too much), feels like I am too open. [More outspoken, talking more, speaking my mind.]

11 F XX:XX:XX

I am normally, it's just that I feel louder and I am interacting with people more. Example: I don't do well in physics and technicians always scare me but I have asked more questions that I have ever have. [I become more talkative.]

18 F 00:XX:XX

4.3.1.8 Concentration

I just cannot concentrate on one thing. Normally when I am studying I can sit and focus for hours but now I'm just all over the place and can't really achieve the long hours I normally do. I'm just relaxed.

18 F 02:XX:XX

4.3.1.9 Confidence, want of

The only thing that I feel weird is that I feel like taking things back that I have borrowed to people, there is that urgency of standing up for myself but I can't act on it [I felt like people I had borrowed my stuff to were taking advantage and it was only my right to want my stuff back.]

18 F XX:XX:XX

4.3.1.10 Confident

I also realise that my ability to say NO is easy now, I am usually polite and say yes to doing things because I can do it for people. I say no and not feel as guilty.

11 F XX:XX:XX

Again felt very strong and energetic after capoeira. I had a test the next day. I felt so relaxed and unphased by it. [I had been feeling strong and energetic. I think the exercise capoeira, helped. I had a test the next day. I was feeling happy relaxed and confident.]

14 F 17:XX:XX

I woke up really early even though I slept late. I feel energetic and I feel this can do attitude and I feel quite light and happy.

18 F XX:XX:XX

4.3.1.11 Courage

I reflect/realise on how I have got so much courage – arrogant/haughty but I am thinking I would be fighting for my rights. I mean the whole thing of parents and people pushing me around, pushing us around. We are the youth we have the ability to be right.

11 F XX:XX:XX

4.3.1.12 Dullness

Just feeling rather dull after taking the remedy.

11 F XX:XX:XX

4.3.1.13 Ecstasy

I felt like I was 'high' to a point.

14 F 01:XX:XX

Laughing hour, I was like I am high. [laughing at] the littlest thing ever. 19:00, its escalated seems to be in a laughing mood.

11 F XX:XX:XX

4.3.1.14 Flirting

Aware I am really flirty – wanting male attention but fear what it will do to me. History of getting people attached to me, then I don't want to let go – craving a kiss.

11 F XX:XX:XX

4.3.1.15 Irritability

-Easily

Emotional. Easily irritable or angry.

10 F 02:XX:XX

-Insults from

Highly irritable – my character was placed into question. Smiles have disappeared – my lips are vibrating, trying to laugh but it's just building.

11 F XX:XX:XX

-People; with

Very moody. [Irritability. People annoy me.]

06 M 4:XX:XX

-Noise

I snapped at my friends this morning. I felt irritated as they knocked so I lost it. I now feel bad. [feeling of irritability aggravated by noise.] 16 M 12:XX:XX

4.3.1.16 Indifference

An observation. I really don't care as much e.g. my mother is sick, coughing, but I am not panicking. I think she will be okay. Three years ago when my sister was sick I was so scared. Fear can give way when people get sick. I am keen on taking their case, getting them a remedy and watching their improvement.

11 F XX:XX:XX

4.3.1.17 Kissing

Aware I am really flirty – wanting male attention but fear what it will do to me. History of getting people attached to me, then I don't want to let go – craving a kiss.

11 F XX:XX:XX

4.3.1.18 Laughing

Laughing hour, I was like I am high. [laughing at] the littlest thing ever. 19:00, its escalated seems to be in a laughing mood.

11 F XX:XX:XX

4.3.1.19 Loquacity

People say I am calmer but I just feel cautious and I want to keep quiet I feel as if I talk too much.

18 F XX:XX:XX

4.3.1.20 Memory

Forgetful about people's names as I am gossiping about them when their names can be spoken so easy.

11 F XX:XX:XX

4.3.1.21 Moods contradictory

Moods confused, energised but lazy. Highly stressed.

11 F XX:XX:XX

4.3.1.22 Occupation

-ameliorates

Unwillingness to do anything.

Unambitious.

Feeling improved after gym.

19 M 17:XX:XX

4.3.1.23 Sadness

Sadness.

4a F 20:XX:XX

I am feeling emotional down. [sadness.]

16 M 10:XX:XX

-causeless

I felt depressed and down for no reason.

1a M 01:XX:XX

Noticed I was feeling really sad for no reason. I felt emotional withdrawn from people.

14 F 11:XX:XX

-Company - aversion to company

Still felt depressed. Not wanting to see anyone, even though it was my birthday. I hid away in my room and only came out to eat. I went out at night but still felt sad for no reason.

14 F 13:XX:XX

I'm not attending my first class. I [don't] feel like not talking to anyone. I've missed an important class I have to make sure I attend the remaining classes of today. I can't really understand why I bunked my first class of the morning.

16 M 10:XX:XX

4.3.1.24 Sensitive

As I have my period, I am usually a sensitive person but lately as I have my period I am not a sensitive. It's like I don't care. Even little things that irritate me that used to make me cry, I don't cry anymore. I like that I have become an insensitive person.

08 F 05:XX:XX

4.3.1.25 Selfishness

My nieces pitch up with their grandparents – annoyed they demand attention which I usually give but today I am not. I'm being selfish and I don't care. I do what I want.

11 F XX:XX:XX

4.3.1.26 Self-control

I just think that now I react a bit differently when I am put in an awkward position. I don't stand up for myself or react as I did before. For as long as I can remember I just cannot stand a disrespectful male because of my history. I normally stand up for myself and make sure I put them in their place no matter what age they are. Yesterday there were two incidents occurred but I reacted in the most calm, reserved and polite way [I felt like I could control the angry feeling I had and I didn't feel the need to hurt the other person. I have to thinking of how they would feel if I reacted rudely.]

18 F 01:XX:XX

4.3.1.27 Shrieking

I yelled at my friend again, they did nothing wrong. I don't understand the reaction behind all.

16 M 12:XX:XX

4.3.1.28 Thinking

-complaints

: aggravates: thinking of his complaints

14:00 This neck pain won't go away, I can't look to the side without eliciting the pain. It's sharp and it seems to get worse as I think/describe/write about it. It radiates to my temple – it's constant as if there are claws stuck there causing the pain and when twisting my head it gets sharp.

11 F XX:XX:XX

4.3.1.29 Verbose

During the day I realise that I have no problem sitting alone. It gave me much peace. Not that I mind people around me, it's just that when I am sitting alone I feel like I am in control. In the past I would want to sit alone then soon start to feel isolated/ or left out/ lonely but now it's as if I shine better when I am sitting alone as if I bring fear to the people around. It's as if I am in control like a flower which has the ability to attract people (animals) to come to it and I am going to eat them. As a king sit on a throne. 11 F XX:XX:XX

I feel bloated at 22:00 because I am eating a lot basically whatever I have in my room which are bread, rusks, rice, stew and I am drinking lots of tea and water. I never feel like I have had enough. I bought 500g rusks and they are almost finished. I have never eaten this many alone. On Saturday I opened rice grain cocopops cereal I ate it throughout the night instead of food and today is Tuesday and I am almost halfway to finishing them. These foods normally last me about 2-2 1/2 weeks but I feel the urge to consume more than usually.
18 F 07:XX:XX

4.3.2 Vertigo

-Accompanied by thirst

Feeling dizzy and dehydrated at 12: 00 am but it ceased after an hour.
1a M 13:XX:XX

4.3.3 Head

4.3.3.1 Congestion

My sinuses [maxillary] were congested at night and in the morning.
1a M 02:XX:XX

[My head feels congested in the front of the head.]
18 F XX:XX:XX

4.3.3.2 Heaviness

Head feels heavy.
11 F XX:XX:XX

4.3.3.3 Pain

-Burning

My jaw is painful (Burning) - < writing, motion.
11 F XX:XX:XX

-Dull

There is a slight pain, on the forehead going backward and on the upper jaw (maxilla) They are all dull. 07 M XX:XX:XX

10:15 A dull headache in the centre of my head on the bregma region, radiating laterally to both left and right ear. Just above the ears, on the temporal region.

16 M 01:XX:XX

18h06 Dull headache, beginning. It is felt in the centre.

18h15 now I feel the headache over my right eye.

16 M 02:XX:XX

I woke up with a minor dull headache on the left lower part of my occipital region if I bend the pain seems to come forward to the anterior part of my head.

18 F 03:XX:XX

-Hammering

Headache was on the forehead, hammering.

07 M XX:XX:XX

-Poking

Headache. It started during the day when I was sitting in the sun and it eventually disappeared about an hour or so. [The headache moved to the left frontal side. The pain was kind of poking. It became better when I drank water.]

08 F 29:XX:XX

-Pressing

Extreme headache [headache was a general ache. It wasn't central to a point like my forehead, it was my whole head and wasn't dizziness. It was like a pressing pain. I put a wet towel on my forehead and eyes which helped the headache.]

19 M 38:XX:XX

-Sharp

I have a slight headache. It started at the back of my head but the more I move, it moves to the sides and the front. It's like a sharp cutting pain in the back of the head but it also moves to the side. Its intensity decreases it becomes dull, the pain becomes less intense but it covers more of my head. It's really annoying. When I enter the store where there is air conditioning, it feels worse and the pain that I described as less intense becomes more sharp and more intense, I get a picture in my mind that I can draw lines in which the sharp pains are. Because they don't cover my head the intensity is not the same. [My head feels congested in the front of the head.]

18 F XX:XX:XX

-Splitting

Headache on the top of the head towards forehead. Splitting. [My eyes were blurred and kind of heavy.]

07 M XX:XX:XX

-Stinging

Headache on the right hand side 45 minutes after taking my first powder [Headache (stinging) on the left hand side of the back of my head.]

1a M 00:XX:45

-Throbbing

Period begins.

Headache throbbing, temporal lobes.

Vomiting.

Stomach cramps worse than other months better with heat.

4a F 05:XX:XX

Headache in the morning – it got better around midday. [throbbing pain.]

06 M 11:XX:XX

Night – Difficulty sleeping as the headaches are very strong. The location is at the back of the head. [throbbing.]

15 F 03:XX:XX

Morning – Headache still there and gets worse when I do strenuous physical exercise.

15 F 04:XX:XX

Headache, throbbing more in the occipital region but not interfering with my daily normal daily activities.

16 M 04:XX:XX

-Constant

Night – Difficulty sleeping as the headaches are very strong. The location is at the back of the head. [throbbing.]

15 F 03:XX:XX

Morning – Headache still there and gets worse when I do strenuous physical exercise.

15 F 04:XX:XX

Morning – Slight headache on the forehead.

15 F 05:XX:XX

10:15 A dull headache in the centre of my head on the bregma region, radiating laterally to both left and right ear. Just above the ears, on the temporal region. 16 M 01:XX:XX

18h06. Dull headache, beginning. It is felt in the centre.

18h15 now I feel the headache over my right eye.

16 M 02:XX:XX

-Location

:Occiput extending to forehead

It's around 17:00 and I have a bad headache. Well it's changing positions, it started at the back but now it is in my forehead. When I went to the library, the air conditioner was on and it was cold and my headache felt worse.

18 F XX:XX:XX

:Sides extending to forehead

It's almost one o'clock and I feel a headache. This one is a bit different it's more to the side and to the forehead but my eyes hurt as well, every time I face down I feel quite worse.

18 F XX:XX:XX

4.3.4 Eye

4.3.4.1 Closing the eyes

As if there is a cramp as I closed my eyes.

11 F XX:XX:XX

4.3.4.2 Discharge

Woke up with my eyes closed with yellow discharge. They were a bit itchy.

1a M 27:XX:XX

4.3.4.3 Eruptions

-Pimples

Lunch – noticed a small pimple on the lower eyelid of the right eye. It itches occasionally.

[pimple was pink in colour.]

15 F 04:XX:XX

I am fine, itchy rash on my forehead and the side of my face. Just on the level of both eyes

[Pimple. Brown raised.]

16 M 02:XX:XX

4.3.4.4 Itching

Slightly itchy eyes in the morning that felt like there was something in my eyes and it lasted for 10 minutes.

1a M 24:XX:XX

Eyes itchy.

4a F 40:XX:XX

Lunch – noticed a small pimple on the lower eyelid of the right eye. It itches occasionally.

[pimple was pink in colour.]

15 F 04:XX:XX

4.3.4.5 Lachrymation

Eyes itching and watery.

4a F 42:XX:XX

Lunch – Eyes watering.

15 F 04:XX:30

Morning – Watery eyes when outside in the wind.

15 F 05:XX:XX

No sinus symptoms during the proving. [sinusitis symptoms normally include watery eyes.]

19 M 30:XX:XX

4.3.4.6 Pain

-Burning

Burning of the eyes, started around 4pm throwing water into my eyes made it a bit better.

06 M 03:XX:XX

Morning – Burning pain in the left eye, especially lower eyelid. Feels tender when touched.

15 F 08:XX:XX

-Sore

Good night. Woke up with a bloodshot left eye – it sore (scratchy/stinging).

Not sure if I poked it taking my make-up off last night.

09 F XX:XX:XX

My eyes hurt. It's like I have been swimming for a long time with my eyes open. [my eyes were sore.]

18 F 13:XX:XX

4.3.4.7 Swelling

Eyes feel swollen.

09 F XX:XX:XX

4.3.5 Ear

4.3.5.1 Stopped

My ears were blocked half the day. < on the right. I kept hearing gunshot/an explosive on the right ear.

11 F XX:XX:XX

4.3.5.2 Pain

Right ear 'ache' (felt like it was on the temporal bone just superior to auditory canal opening). Throbbing ache with no apparent cause – I was walking through a shop. Lasted for less than a minute, happening twice throughout the day and the same ear was itchy later on.

10 F 02:XX:XX

4.3.6 Nose

4.3.6.1 Discharge

Symptoms got stronger in the morning i.e. I sneezed and had a runny nose. [runny nose with clear discharge.]

1a M 01:XX:XX

Runny nose.

4a F 12:XX:XX

[running nose, watery discharge.] 07 M XX:XX:XX

Morning – Around 6am, feeling flu symptoms like runny nose. [clear discharge.]

15 F 02:XX:XX

12:00 Feeling slightly flush with leaky nose. [Normal clear discharge.]

17 F 03:XX:XX

No sinus symptoms during the proving. [Sinusitis symptoms normally include copious mucus discharge light yellow in colour.]

19 M 30:XX:XX

4.3.6.2 Dryness

Morning – Dry nostrils and burning especially on the right side.

15 F 05:XX:XX

4.3.6.3 Itching

Itchy nose, sinus resembling symptoms. 2hrs after taking my first powder.

1a M 00:2:120

I now feel like sneezing. Part of my nasal canal feels itchy and slightly painful. With accumulation of watery discharges.

16 M 02:XX:XX

4.3.6.4 Obstruction/Congestion

Nose/the nasal passages is still congested and gets worse in cold air.

1a M 03:XX:XX

No sinus symptoms during the proving [Sinusitis symptoms normally include nasal congestion.]

19 M 30:XX:XX

Nose blockage and burning. [Feeling of congestion in nose. Blockage of nose was worse when I am sleeping.]

07 M XX:XX:XX

-Accompanied by

:Discharge

My nose is blocked and running, the mucous is mostly clear with a bit of yellow. I can feel cold air in my nose and it makes me uncomfortable and it produced this sting in my nose so I covered it.

18 F 13:XX:XX

4.3.6.5 Pain

Nose blockage and burning. [Feeling of congestion in nose. Blockage of nose was worse when I am sleeping.]

07 M XX:XX:XX

Morning – Dry nostrils and burning especially on the right side.

15 F 05:XX:XX

4.3.6.6 Smell

-Acute

+/- 3:00pm heightened sense of smell lasting 10-15 minutes.

10 F 00:XX:XX

4.3.6.7 Sneezing

Sneezing. 2hrs after taking my first powder.

1a M 00:2:120

[I had sneezing at the beginning, it is aggravated by wind, dust and cold.]

07 M XX:XX:XX

I had three bouts of sneezing throughout the day (around +/- 11:00, 11:30 & 13-00) with no apparent trigger during which I sneezed 4-5x each.

10 F 10:XX:XX

Woke up at 8am. I am back home now and I had experienced hectic flu symptoms. Sneezed until mucus comes out. < touching water.

11 F XX:XX:XX

When sneezing I feel as if my carotid will pop out and bleed. Sneezing < drinking tap water.

11 F XX:XX:XX

Morning – sneezing.

15 F 02:XX:30

I now feel like sneezing. Part of my nasal canal feels itchy and slightly painful. With accumulation of watery discharges.

16 M 02:XX:XX

No sinus symptoms during the proving. [Sinusitis symptoms normally include sneezing.]

19 M 30:XX:XX

4.3.7 Face

4.3.7.1 Eruptions

-Acne

There are two pimples that appeared, one near my nose and the other at my chin. They have watery stuff inside. Well I used to have pimples on my forehead during summer especially because of the sun when I walk or stay at the sight of the sun [remained in view of sunlight] the pimple would appear on my forehead but this time two pimples changed location.

08 F 06:XX:XX

The pimples are getting worse, are rash like and have an inner white colour.

18 F XX:XX:XX

-Itching

I have fine, itchy rash on my forehead and the side of my face. Just on the level of both eyes. [Pimple. Brown raised.] 16 M 02:XX:XX

I have noticed the pimples in my face are actually a bit itchy.

18 F XX:XX:XX

-Papular

Afternoon – At 18:00pm noticed bumpiness/pimples on the right cheek (face) area. [brown pimples.] 15 F 01:XX:30

-Pimples

Slight pimples on my face. [Red in colour.]

06 M 02:XX:XX

Lunch – noticed a small pimple on the lower eyelid of the right eye. It itches occasionally. [pimple was pink in colour.]

15 F 04:XX:XX

I have fine, itchy rash on my forehead and the side of my face. Just on the level of both eyes. [Pimple. Brown raised.]

16 M 02:XX:XX

I have small rash like pimples growing on my face. [the rash is like slightly reddish.]

18 F 18:XX:XX

4.3.7.2 Pain

-Frontal Sinuses

No sinus symptoms during the proving. [Sinusitis symptoms normally include sore frontal sinus.]

19 M 30:XX:XX

4.3.7.3 Rough skin

When I am washing my face it feels rough but I can't see much pimples.

18 F XX:XX:XX

4.3.7.4 Twitching

My muscles are twiggling and jerking all over my neck and face, it's annoying. The muscles on my face are worst. The burning is constantly there.

11 F XX:XX:XX

4.3.8 Mouth

4.3.8.1 Dryness

-thirst; with

Woke up with a slight dry mouth associated increased thirst for cold water.

10 F 09:XX:XX

4.3.8.2 Pain

-Sore

In the mouth, the upper part, down to my throat was sore and I felt a bit of roughness there too.

08 F 27:XX:XX

4.3.8.3 Salivation

My mouth has too much than normal amount of saliva.

11 F XX:XX:XX

4.3.9 Teeth

4.3.9.1 Sensitive

I now took the first dose by 08:00am. Before I took it I had teeth sensitivity when I am drinking water. On the right hand side it is clear.

07 M XX:XX:XX

4.3.10 Throat

4.3.10.1 Blood

-oozing; sensation of

21:00 My throat feels raw / I mean bloody, as the air goes through it just like that.

11 F XX:XX:XX

4.3.10.2 Dryness

Dry feeling on the throat.

07 M XX:XX:XX

-Water ameliorates

Woke up with a very slightly dry throat, possibly from sleeping with the windows open.

Relieved by drinking coffee and water.

10 F 33:XX:XX

4.3.10.3 Itching

Lunch – Sore, itchy throat throughout the morning until now. [hot liquids made it better.]

15 F 02:XX:XX

4.3.10.4 Pain

-Raw; as if

21:00 My throat feels raw / I mean bloody, as the air goes through it just like that.

11 F XX:XX:XX

-Sore

Lunch – Sore, itchy throat throughout the morning until now. [hot liquids made it better.]

15 F 02:XX:XX

-Stinging

Throat has a mild stinging pain.

1a M 03:XX:XX

-Sharp

Throat. It started when I started chewing some bubble gum. Lateral side of the throat. It's a sharp pain. It becomes worst on swallowing food or saliva even while coughing.

08 F 25:XX:XX

4.3.10.5 Scratching

I woke up with a sore throat croaky type pain – scratchy feeling at the back of my throat. Later in the day, it got worse in the afternoon.

14 F 01:XX:XX

It almost 15:00 and I feel as if I might get a flu, my throat is a bit scratchy. I can feel something is happening in my throat but it doesn't hurt. I have a couple of coughs now and then. I tried to drink tea and as I am drinking it, it seems to make my throat worse. [hot liquids (tea) made the throat worse.]

18 F 10:XX:XX

4.3.11 External throat

4.3.11.1 Swelling

-Lymphatic tissue – submandibular

My submandibular lymph node felt enlarged in the morning but it disappeared during the day.

18 F 17:XX:XX

4.3.12 Neck

4.3.12.1 Pain

-Hammering

My neck feels really sore, it feels worse. A hammering pain – radiates – it spreads like an electric wave.

11 F XX:XX:XX

-Pulling

Neck pain (left side). [The neck pain was pulling. It was better when applying pressure or lying down on my back. The pain becomes better when stretching.]

08 F 00:XX:XX

Even the muscle pain at the left side has come back. They only became better when I was lying down. [The neck pain worse sitting in same position.]

08 F 32:XX:XX

The neck has this pain – the pain is right sided from the ear, down the right ear, the back, on the base of the ribs and the shoulder. The pain is pulling and pressing < on sudden motion and jerking.

11 F XX:XX:XX

-Sharp

14:00 This neck pain won't go away, I can't look to the side without eliciting the pain. It's sharp and it seems to get worse as I think/describe/write about it. It radiates to my temple – it's constant as if there are claws stuck there causing the pain and when twisting my head it gets sharp.

11 F XX:XX:XX

-Splitting

The elevator muscle was paining which is one of the symptoms I have experienced before. The kind of pain it was like muscles are splitting. [The elevator muscle in the neck.]

08 F 36:XX:XX

-Sore

My neck is sore outside, not on the inside and its now on the left.

11 F XX:XX:XX

4.3.12.2 Tension

There is a tension in my neck on the left side. It feels like there is a pulling of muscles at the part of my neck.

08 F 03:XX:XX

4.3.12.3 Stiffness

Neck as if restricted. When I turn my head around it as if the joints/ligaments are stretching in pain.

11 F XX:XX:XX

4.3.12.4 Twitching

My muscles are twiggig and jerking all over my neck and face, it's annoying. The muscles on my face are worst. The burning is constantly there.

11 F XX:XX:XX

4.3.13 Stomach

4.3.13.1 Appetite

-Diminished

Loss of appetite.

07 M XX:XX:XX

Decreased hunger and thirst.

10 F 02:XX:XX

Lunch – No appetite.

15 F 03:XX:XX

Appetite decreased, I don't even like breakfast. I don't need to have breakfast anymore. I am just eating because I know I should. I get full with smaller portions.

18 F 18:XX:XX

-Increased

09:00 – feeling hungry although I had breakfast as usual and normally my next meal is at 12:00.

17 F 02:XX:XX

My appetite has increased, I just want to eat, mostly bread (sandwich with cheese or vienna), chips, cakes but I normally crave these anyway.

18 F 06:XX:XX

-accompanied by

:Thirst

Feeling tired and dehydrated when I am hungry (at 12:00am).

1a M 15:XX:XX

-alternating with

Loss of appetite

I noticed I wasn't eating as much as normal. I'm normally hungry all the time, as I eat frequently. 14 F 29:XX:XX

I was also very hungry. Didn't have breakfast early, but I felt like my hunger would not go away.

14 F 33:XX:XX

-Insatiable

I was also very hungry. Didn't have breakfast early, but I felt like my hunger would not go away.

14 F 33:XX:XX

11:00 Had something to eat but still feeling hungry although I ate, it's like I'm not full and need to eat again.

17 F 02:XX:XX

I feel bloated at 22:00 because I am eating a lot basically whatever I have in my room which are bread, rusks, rice, stew and I am drinking lots of tea and water I never feel like I have had enough. I bought 500g rusks and they are almost finished. I have never eaten this many alone. On Saturday I opened rice grain cocopops cereal I ate it throughout the night instead of food and today is Tuesday and I am almost halfway to finishing them. These foods normally last me about 2-2 1/2 weeks but I feel the urge to consume more than usually.

18 F 07:XX:XX

4.3.13.2 Pain

-Extending to chest

I will now take the third dose. But before I take it am feeling stomach discomfort up to the level of my chest.

07 M XX:XX:XX

Heartburn. [heartburn from stomach to chest.]

Berea residence at 13:00PM.

Burning.

19 M 19:XX:XX

-Extending to throat

Before I took the third dose am feeling stomach discomfort moving up to the level of the throat.

07 M XX:XX:XX

-Sharp

Stomach pain. [stomach pain was like a sharp knife in the stomach.]

19 M 20:XX:XX

-Nausea, during

Around 10am stomach discomfort, nausea feeling, malaise.

07 M XX:XX:XX

4.3.13.3 Nausea

Feeling nausea in the morning at around 06:00am ceased about 07:00am.

1a M 09:XX:XX

Experience nausea.

11 F XX:XX:XX

The smell of oil ever so nauseating (want to vomit).

11 F XX:XX:XX

15:30 I feel nauseous.

16 M 00:XX:XX

Nausea.

19 M 22:XX:XX

4.3.13.4 Thirst

Woke up with a very slightly dry throat, possibly from sleeping with the windows open.

Relieved by drinking coffee and water.

10 F 33:XX:XX

-Morning, waking on

Woke up thirsty.

4a F 02:XX:XX

Woke up with a slight dry throat & associated increased thirst for cold water.

10 F 09:XX:XX

-Accompanied by

:Throat dryness of

Woke up with a very slightly dry throat, possibly from sleeping with the windows open.

Relieved by drinking coffee and water.

10 F 33:XX:XX

-Decreased

Decreased hunger and thirst.

10 F 02:XX:XX

-Unquenchable

Woke up thirst with dry mouth. Thirsty throughout the day and felt like no matter how much I drank, I could not quench my thirst.

10 F 15:XX:XX

4.3.13.5 Vomiting

Period begins.

Headache throbbing, temporal lobes.

Vomiting.

Stomach cramps worse than other months better with heat.

4a F 04:XX:XX

4.3.14 Abdomen

4.3.14.1 Breathing

Abdomen has this spot which feels hot and with each breath it is as if someone is touching me.

11 F XX:XX:XX

4.3.14.2 Distension

Feeling bloated the whole day – not feeling hungry just feel gassy.

11 F XX:XX:XX

I feel bloated at 22:00 because I am eating a lot basically whatever I have in my room which are bread, rusks, rice, stew and I am drinking lots of tea and water I never feel like I have

had enough. I bought 500g rusks and they are almost finished. I have never eaten this many alone. On Saturday I opened rice grain cocopops cereal I ate it throughout the night instead of food and today is Tuesday and I am almost halfway to finishing them. These foods normally last me about 2-2 1/2 weeks but I feel the urge to consume more than usually.

18 F 07:XX:XX

4.3.14.3 Pain

-Burning

My pelvic area is sore – burning, pulling pain (inguinal line place).

11 F XX:XX:XX

-Cramping

After the 6th dose there was a bit of a cramp an hour after taking the dose. [The abdominal cramps, the pain was circulating around my umbilicus. It worse for walking and better for lying down.]

08 F 01:XX:XX

Stomach cramps, the pain feels like something is pulling in the stomach. The symptoms begin when I am sitting for too long or sleeping in the same position. It gets better if I change position and stretch my body. It gets worse if I keep still in the same position. [It was actually cramps occurring in the abdominal area.]

08 F 02:XX:XX

Stomach [Abdomen]. There is a cramp that keeps coming and going.

08 F 04:XX:XX

My abdomen and lateral back as if a cramp and so tight, punched, bruised and stabbed. Well it felt as if I was hungry but it is not the case. The pain feel as if it penetrates from the front to the back. I thought the pain is in my kidney for some reason, my minds' logic, it's the kidney.

11 F XX:XX:XX

At about 13:00 during my lecture my umbilical region hurts really bad. It was worse when I move, even the smallest movement like turning towards the left or bending forward while sitting made it worse. [the pain in my umbilicus was a pulling pain].

At the same time had stomach cramps [the cramps were abdominal]. It was as if I was being poked. When I coughed the pain got worse in my upper abdomen. When I started walking the abdominal pain decreased. Sleep did make the pain decrease. It actually stopped after I slept for a while. 18 F 11:XX:XX

-Pulling

At about 13:00 during my lecture my umbilical region hurts really bad. It was worse when I move, even the smallest movement like turning towards the left or bending forward while sitting made it worse. [the pain in my umbilicus was pulling pain.]

18 F 11:XX:XX

I had stomach pain around my umbilicus part, it was like a pulling factor. It began when I was sitting, resting on the couch then I felt the pain. I went to lie down, lateral side until the pain become better by that time. [It was pain occurring in the abdominal area.]

08 F 10:XX:XX

-Throbbing

Morning - Experienced a slight throbbing pain in the abdomen 30min after taking the powder. [pain worse by motion.]

15 F 00:XX:30

-Location

:Lower abdomen

Have this colicky pain on the left side above my ASIS.

11 F XX:XX:XX

4.3.15 Rectum

4.3.15.1 Constipation

I feel constipated because I can feel the urge but can't do anything. I don't think it's normal because I have been drinking water.

18 F 11:XX:XX

4.3.15.2 Diarrhoea

-Accompanied by

:Constipation

Had diarrhoea but had to force it out. Pain feels hot in the abdominal area.

11 F XX:XX:XX

Constipation with more diarrhoea.

11 F XX:XX:XX

4.3.16 Stool

4.3.16.1 Clay

Passed a stool – my stool is hard to get out as if the hole is tinier than the faeces – but they are soft and stick like clay.

11 F XX:XX:XX

4.3.16.2 Frequent

Increased bowel movements.

10 F 02:XX:XX

4.3.16.3 Soft

Increased bowel movement – stool seems to be of a soft consistency.

10 F 09:XX:XX

Passed a stool – my stool is hard to get out as if the hole is tinier than the faeces – but they are soft and stick like clay.

11 F XX:XX:XX

4.3.16.4 Brown-light

Increased bowel movement – softer stools and lighter in colour. [brown.]

10 F 10:XX:XX

4.3.17 Bladder

4.3.17.1 Urination

Increased frequency of urination (4-5x).

10 F 03:XX:XX

4.3.18 Female

4.3.18.1 Menses

-Painful

Period begins.

Headache throbbing, temporal lobes.

Vomiting.

Stomach cramps worse than other months better with heat.

4a F 05:XX:XX

-Late

My menstrual cycle should have started. It's normally on time. Maybe late because of stress.

14 F 26:XX:XX

-Protracted

I had my period for only five days but this month after five days and on the sixth day.

08 F 28:XX:XX

-Short

My menstrual cycle for the week, was mild and weak. Usually last for a full week. This time it was mild and short.

14 F 35:XX:XX

4.3.18.2 Odour

My vagina has a normal smell now but during the past week it's something weird, fishy but just weirder than now.

11 F XX:XX:XX

4.3.18.3 Pain

-Location

:Ovary

Right ovary has sharp shooting pain.

11 F XX:XX:XX

:Uterus

Uterus – pains as if needles and pins on the upper part of the right side of organ.

11 F XX:XX:XX

Today I have had very bad period pain. I sometimes have them but this is one of the worst. I had lower abdominal and back pain. Heat sensation in my lower lumbar region. [period pain was poking.]

18 F XX:XX:XX

4.3.19 Respiration

4.3.19.1 Difficult

After running for 15 minutes there was a bit of heavy breathing in my chest. There was a blockage at my chest. The symptom of breathing becomes better when I am lying down.

08 F 01:XX:XX

4.3.20 Cough

-Dry

Dry cough.

17 F 11:XX:XX

-Sudden

It is almost 08:20 during my first lecture I had just gotten a sudden cough that lasted a while. I tried to ignore it and cover my mouth with a jersey as I cough. The smell of perfume just made it worse. The more I coughed I just felt warmer and out of breath. I left the room to breathe in some fresh air. The fresh air seemed to help but I just drank a bit of water right after that white and clear mucous came out as I coughed.

18 F 04:XX:XX

4.3.21 Expectoriation

It is almost 08:20 during my first lecture I had just gotten a sudden cough that lasted a while. I tried to ignore it and cover my mouth with a jersey as I cough. The smell of perfume just made it worse. The more I coughed I just felt warmer and out of breath. I left the room to breathe in some fresh air. The fresh air seemed to help but I just drank a bit of water right after that white and clear mucous came out as I coughed.

18 F 04:XX:XX

4.3.22 Chest

4.3.22.1 Dryness

[Dry feeling in the chest and it makes a whistling sound. When I am inside its better and worse outside by the wind.]

07 M XX:XX:XX

4.3.22.2 Noises

[Dry feeling in the chest and it makes a whistling sound. When I am inside its better and worse outside by the wind.]

07 M XX:XX:XX

4.3.22.3 Obstruction; Sensation of

After running for 15 minutes there was a bit of heavy breathing in my chest. There was a blockage at my chest. The symptom of breathing becomes better when I am lying down.

08 F 01:XX:XX

4.3.22.4 Pain

Chest pain.

4a F 12:XX:XX

-Sharp

Sharp pain in the chest that felt like there was a hole in opening in my chest but ceased after 5 minutes it started at 15: 00pm.

1a M 14:XX:XX

Chest pain. [I had sharp chest pain which was worse when I am coughing and better when I am not.]

07 M XX:XX:XX

I can feel a sharp pain on my chest whilst and after I have coughed.

18 F 11:XX:XX

Since about 2am I have had a sharp chest pain. I feel I can almost draw a circle around it. It's at the centre of my chest. I can feel it much strong when I breathe.

18 F 18:XX:XX

-Stinging

Chest pain got worse with cough. It is a stinging pain.

1a M 03:XX:XX

-Throbbing

Morning – Experienced a slight throbbing pain in the right side of the chest about 30 minutes after taking the powder. [pain was worst by bending forward.]

15 F 00:XX:30

-Location

:Mammae

Breast sore < left as if burning electric.

11 F XX:XX:XX

4.3.22.5 Palpitation

7:30pm feeling if anxiety for +/- 5 mins (I am generally not an anxious person) – heart palpitations.

10 F 00:XX:XX

4.3.23 Back

4.3.23.1 Eruptions

Slight pimples on my arms. [Red in colour.]

06 M 02:XX:XX

4.3.23.2 Pain

-Menses, during

My back has this pulling pain. Maybe or must be related to my period. Which I really think are way too early. Back – this pain flows – area it goes is from the latissimus dorsi and trapezius muscle. It as if there is a nail from the base of the skull/occipital area attached to the trapezius to the frontal. The nail is more like a sharp shooting pain. Pressing, boring into it constantly along the occipital area. 11 F XX:XX:XX

Today I have had very bad period pain. I sometimes have them but this is one of the worst. I had lower abdominal and back pain. Heat sensation in my lower lumbar region. [period pain was poking.]

18 F XX:XX:XX

4.3.24 Extremities

4.3.24.1 Cracking in joints

Joints were cracking, most of them.

11 F XX:XX:XX

4.3.24.2 Eruptions

Slight pimples on my arms. [Red in colour.]

06 M 02:XX:XX

4.3.24.3 Frozen

My foot feels frozen.

11 F XX:XX:XX

4.3.24.4 Heat

How can standing generate this much heat. My knees are acting funny like they are giving way. I am so aware of my limbs, they are heavy.

11 F XX:XX:XX

4.3.24.5 Perspiration

-Upper limb

My underarms sweat more than other parts of my body and I am not usually a sweaty person normally.

18 F XX:XX:XX

4.3.24.6 Pain

-Location

:Hip

Pain in the hip joint may be due to exercise or over movement. Right hip joint stitching pain. Kind of a numbness. Better if I am standing, straightening the hip.
07 M XX:XX:XX

:Joints

My joints feel old as if electric circuit is broken so this pain comes and goes but it flows.
11 F XX:XX:XX

My joints feel as if they are worn out.
11 F XX:XX:XX

:Legs

Muscle pain [back of the calf] as if cramped. But painful > pressure on spots.
11 F XX:XX:XX

:Lower limbs

Increased pain in my legs, pain is electric, feel my nerves getting worked up.
11 F XX:XX:XX

It's almost 09:00 am I feel pain in my lower left limb or leg, my knee and ankle feel weird. The pain lasted for about an hour since I sat down. It feels worse when I am in a cold environment. [pins and needles pain.]
18 F 03:XX:XX

At almost 22:30 the pain in my feet came back again and it still hurts on my left foot only. When I was walking I didn't feel much on my ankle I felt it on the top part of my foot. [pins and needles pain.]
18 F 06:XX:XX

At around 02:00am I felt pain in my left foot again. I have noticed that I feel the pain after sitting for a long time. First time I had it was when I had a full two hour lecture in the BMS venue which is cold for me, I had it again after studying in botanic after spending about five hours sitting and studying. And this morning after studying and sitting for couple of hours. I am able to feel pain when I am standing so it feels worse with standing and cold temperatures.
18 F 07:XX:XX

:Feet

My feet hurt a lot mostly in the soles this time both of them hurt. Wearing no shoes makes me feel better. It a burning pinching pain.

18 F XX:XX:XX

:Shoulder

My upper limb was sore, the shoulder joint – as I lay in bed it was hard to find a position to sleep.

11 F XX:XX:XX

My right shoulder hurts. [sharp pain in my right shoulder.]

18 F 13:XX:XX

4.3.24.7 Numbness

Pain in the hip joint may be due to exercise or over movement. Right hip joint stitching pain. Kind of a numbness. Better if I am standing, straightening the hip.

07 M XX:XX:XX

4.3.24.8 Separated sensation

The knee/ankle joint feels like it's been pulled apart. Detached with pain, radiating in.

11 F XX:XX:XX

4.3.24.9 Sensitive

Everything seems normal my armpits still sweat. I normally wear a jersey because I am sensitive to cold. My sensitivity to cold has stopped but my arms are more sensitive to heat.

18 F XX:XX:XX

4.3.24.10 Stiffness

Afternoon – Stiffness in the left shoulder due to cold and gyming.

15 F 09:XX:XX

4.3.24.11 Weakness

Realise that my left leg is lesser able to perform a task. e.g. if I stand on one leg, my left won't get tired whereas if I stand on my right it would.

11 F XX:XX:XX

My joints are weak – the wrist and ankle – it as if I'll just fall or they break off.

11 F XX:XX:XX

4.3.25 Sleep

4.3.25.1 Sleepiness

Tired and sleepy.

11 F XX:XX:XX

-alternating with: sleeplessness

20:00 Not feeling sleepy at all. I am normally sleepy but can't sleep.

17 F 02:XX:XX

08:00 I feel tired and sleepy and this is not normal in the morning.

17 F 07:XX:XX

4.3.25.2 Sleeplessness

-dreams from

Struggled to sleep due to dreaming. Can't remember dreams.

19 M 05:XX:XX

4.3.25.3 Waking

-dreams, by

Early morning - Waking up with dreams in the early hours around 1am-2am. Getting up in shock and feeling out of breath. [dreaming of people.]

15 F 02:XX:XX

4.3.26 Dreams

4.3.26.1 Activity

Today just didn't sleep well it was if I was partially awake and partially asleep the whole night and it was time to wake up I switched off the alarm and dreamt of doing everything that should have been done at that time.

18 F 14:XX:XX

4.3.26.2 Absurd

I had a dream that made me feel partly awake. I don't remember much but it had to do with school work and now that I am awake it makes no sense.

18 F 13:XX:XX

4.3.26.3 Devils

Had a nightmare – the devil was somehow trying to get into my house / my home / my church – the demons were causing confusion amongst us.

11 F XX:XX:XX

4.3.26.4 Death

Strange dreams.

Either running from something or dying in a car crash.

19 M 32:XX:XX

4.3.26.5 People

Early morning – Waking up with dreams in the early hours around 1am-2am. Getting up in shock and feeling out of breath. [dreaming of people.]

15 F 02:XX:XX

4.3.26.6 Pursued

Struggled to sleep due to same dreams.

Kept running from something.

19 M 08:XX:XX

4.3.26.7 Strange

Still strange dreams.

19 M 33:XX:XX

4.3.26.8 Suffocation

Dreams: was in a car in the passenger seat. I got strangled by a seat belt, could not breathe.

11 F XX:XX:XX

4.3.26.9 Snakes

I have weird dreams, they are pretty scary. Which is one of the dreams that I have never experienced before. It seems like a movie. [The animals were attacking me. The snake wanted to bite me.]

08 F 21:XX:XX

4.3.26.10 True on waking; Dreams seem

Vivid dreams – woke up feeling like dream was true.

4a F 23:XX:XX

4.3.26.11 Remembered

Noted that I woke up remembering a dream from the night before. I normally don't remember my dreams. I forget them almost immediately after I wake up. This time I remembered it for a couple of hours. I had forgotten to write it down.

14 F 23:XX:XX

4.3.26.12 Unremembered

I had a dream that made me feel partly awake. I don't remember much but it had to do with school work and now that I am awake it makes no sense.

18 F 13:XX:XX

4.3.26.13 Vivid

Vivid dreams – woke up feeling like dream was true.

4a F 23:XX:XX

4.3.27 Fever

4.3.27.1 Fever, heat in general

The temperature of my body is increased.

08 F 00:XX:XX

Morning – Around 6am, feeling flu symptoms like slight fever.

15 F 02:XX:XX

Flu symptoms including fever.

17 F 03:XX:XX

4.3.27.2 Eating

Body temperature. My body temperature increased after I have had a meal it either occurs after I had my meal for lunch or supper.

08 F 03:XX:XX

4.3.28 Skin

4.3.28.1 Itching

-bed aggravates.; in

I got into bed my whole body began to itch. Itch all over but it stopped. It was like itchy ants crawling all over my body.

11 F XX:XX:XX

4.3.28.2 Eruptions

Pimples all over body, itchy.

06 M 07:XX:XX

4.3.29 Generals

4.3.29.1 Food and drinks

-Cold drinks, cold water

:Aggravates

A bit of a sore throat after taking a second powder. [sore throat made worst cold water.]

1a M 00:XX:XX

Coughing at around 20:00pm with small amount of mucus comes out. It occurred after I had a cold beverage.

1a M 09:XX:XX

:Desire

I am thirsty for cold water.

1a M 02:XX:XX

Thirst for cold water specifically in the morning.

10 F 16:XX:XX

-Coffee

Woke up with a very slightly dry throat, possibly from sleeping with the windows open. Relieved by drinking coffee and water.

10 F 33:XX:XX

-Everything

:Desire

I feel bloated at 22:00 because I am eating a lot basically whatever I have in my room which are bread, rusks, rice, stew and I am drinking lots of tea and water I never feel like I have had enough. I bought 500g rusks and they are almost finished. I have never eaten this many alone. On Saturday I opened rice grain cocopops cereal I ate it throughout the night instead of food and today is Tuesday and I am almost halfway to finishing them. These foods normally last me about 2-2 1/2 weeks but I feel the urge to consume more than usually.

18 F 07:XX:XX

I don't really have an appetite but I want to eat eggs and these are not normally my favourite.

18 F XX:XX:XX

I don't have an appetite but I crave junk food, chicken licken burger, hot dog.

18 F XX:XX:XX

I crave corn flakes a lot.

18 F XX:XX:XX

-Pasta

:Desire

Craving pie and noodles.

11 F XX:XX:XX

-Milk

:Ameliorates

It almost 7:00am my throat does not hurt as bad as did when I woke up. I just had cereal with milk. It weird but as I ate the cereal, the milk had a smoothing effect.

18 F 11:XX:XX

-Pastry

:Desire

Craving pie and noodles.

11 F XX:XX:XX

4.3.29.2 Heat

Feeling either overheated or very cold – difficult to find a comfortable balance.

10 F 01:XX:XX

Felt hot & sweaty, especially throughout the morning.

10 F 03:XX:XX

4.3.29.3 Water

:Aggravates

Woke up at 8am. I am back home now and I had experienced hectic flu symptoms. Sneeze until mucus comes out. < touching water.

11 F XX:XX:XX

When sneezing I feel as if my carotid will pop out and bleed. Sneezing < drinking tap water.

11 F XX:XX:XX

4.3.29.4 Weariness

I feel very tired at 18:00pm.

1a M 07:XX:XX

Tired by 10pm, sleep by 11pm.

4a F 00:XX:XX

Fatigue dull occurred late around 4pm.

07 M XX:XX:XX

Decreased energy levels.

10 F 01:XX:XX

Tired and sleepy.

11 F XX:XX:XX

I was really slow and tired in the afternoon when I was trying to make summaries on my own. Very difficult to keep my eyes open and continue studying.

14 F 01:XX:XX

Lunch – Some flu symptoms, feeling drained.

15 F 03:XX:XX

I am feeling exhausted.

16 M 10:XX:XX

19:00 Took the 6th dose, feeling very tired and sleepy.

17 F 01:XX:XX

Overall I am not an energetic person at all during the day. I normally use free periods for doing a bit of studying, washing or cleaning since I live on campus I don't really study much

but I just use the time so that I have enough time to study in the afternoon. Lately I just don't have the energy to do that because I just feel tired throughout the whole day. Mostly I feel sleepy and tired during lectures even the ones I always enjoy and feel like I could hear the lecturer again.

18 F 04:XX:XX

4.3.29.5 Wind

[Dry feeling in the chest and it makes a whistling sound. When I am inside it's better and worse outside by the wind.]

07 M XX:XX:XX

[I had sneezing at the beginning it is aggravated by wind, dust and cold.]

07 M XX:XX:XX

4.4 Rubrics and the repertory

In this section the rubrics derived from the proving were arranged according to the format in *Synthesis: Repertorium Homeopathicum Syntheticum Edition 9.1* (Schroyens, 2004). The grading system was based on the recommendations of Sherr (2003: 86) and Ross (2011: 164) where the frequency of symptoms are considered of more importance rather than the intensity, and involved three degrees.

The grading is as follows, as per Ross (2011: 164):

- Rubrics in the 1st degree are in plain type. All valid rubrics are given a 1st degree grading.
- Rubrics in the 2nd degree are in *italics*. Any symptom experienced to a marked degree by three or more provers.
- Rubrics in the 3rd degree are in **bold type and lower case. Any symptom experienced by half or more of the provers i.e. seven or more provers.**
- New rubrics are underlined designate by the letter N, and graded in the 1st degree.
- Cured symptoms are underlined and designated by the letters CS.

The heads and subheadings are laid out as follows:

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Repertory, Schroyens 2004)**

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EYE - ERUPTIONS - About the eyes - pimples	1 432
EYE - ERUPTIONS - Lids - pimples - Lower	1 433
<u>EYE - ERUPTIONS - Lids - pimples - right</u>	1 N
EYE - ERUPTIONS - Lids - itching	1 433
EYE - ITCHING	1 440
EYE - LACHRYMATION	1 441
<u>EYE - LACHRYMATION</u>	1 CS
EYE - LACHRYMATION - wind - aggravates	1 443
EYE - PAIN - burning	1 450
EYE - PAIN - scratching pain	1 456
EYE - PAIN - sore	1 456
EYE - PAIN - stinging	1 456
EYE - PAIN - Lids - left - burning	1 462
EYE - PAIN - Lids - touch - aggravates	1 462
EYE - SWELLING	1 470

4.4.5 Ear

EAR - ITCHING - right ear	1 508
EAR - NOISES - guns, sound of	1 512
EAR - PAIN - right - pulsating pain	1 519
EAR - STOPPED sensation	1 533
EAR - STOPPED sensation - right	1 534

4.4.6 Nose

NOSE - COLD - air - aggravates	1 545
<i>NOSE - DISCHARGE</i>	2 552
<i>NOSE - DISCHARGE - clear</i>	2 553
<u>NOSE - DISCHARGE - copious</u>	1 CS
NOSE - DISCHARGE - yellow	1 CS
NOSE - DISCHARGE - yellow	1 557

NOSE - DRYNESS - burning	1 558
NOSE - DRYNESS - right	1 559
NOSE - ITCHING	1 565
NOSE - ITCHING - painful	1 565
<i>NOSE - OBSTRUCTION</i>	2 566
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NOSE - OBSTRUCTION - cold air - aggravates	1 567
NOSE - OBSTRUCTION - sleep aggravates; during	1 568
NOSE - PAIN - burning pain	1 571
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NOSE - PAIN - stinging	1 572
NOSE - SMELL - acute	1 577
<i>NOSE - SNEEZING</i>	2 578
<u>NOSE - SNEEZING</u>	<u>1 CS</u>
NOSE - SNEEZING - cold aggravates; becoming	1 579
NOSE - SNEEZING - frequent	1 580
NOSE - SNEEZING - discharge ameliorates	1 580
NOSE - SNEEZING - dust causes	1 580
NOSE - SNEEZING - violent	1 580

4.4.7 Face

FACE - ERUPTIONS - acne	1 601
FACE - ERUPTIONS - acne - Chin	1 602
FACE - ERUPTIONS - acne - Nose	1 602
FACE - ERUPTIONS - acne - pustular	1 602
FACE - ERUPTIONS - brownish	1 602
FACE - ERUPTIONS - itching	1 605
FACE - ERUPTIONS - papular - Cheeks	1 605
FACE - ERUPTIONS - pimples - Forehead	1 606
FACE - ERUPTIONS - pimples - pink	1 606
FACE - ERUPTIONS - pimples - red	1 606
FACE - PAIN - burning	1 622
FACE - PAIN - Sinuses - Frontal	1 634
FACE - ROUGH skin	1 637
FACE - TWITCHING	1 643

4.4.8 Mouth

MOUTH - DRYNESS - thirst; with	1 662
MOUTH - PAIN - extending to: Throat	1 674
MOUTH - PAIN - sore	1 679
MOUTH - ROUGHNESS - Palate	1 682
MOUTH - SALIVATION - profuse	1 687

4.4.9 Teeth

TEETH - SENSITIVE 1 730

4.4.10 Throat

THROAT - BLOOD - oozing - sensation of 1 733
THROAT - DRYNESS 1 738
THROAT - DRYNESS - water - ameliorates 1 739
THROAT - ITCHING 1 743
THROAT - PAIN - cough - during - aggravates 1 750
THROAT - PAIN - raw; as if: 1 752
THROAT - PAIN - sharp; as from something 1 753
THROAT - PAIN - sore 1 753
THROAT - PAIN - stinging 1 753
THROAT - PAIN - swallowing 2 754
THROAT - PAIN - swallowing - food - aggravates 1 754
THROAT - PAIN - swallowing - liquids - aggravates 1 754
THROAT - PAIN - swallowing - warm drinks - ameliorates 1 755
THROAT - PAIN - swallowing - warm drinks - aggravates 1 755
THROAT - PAIN - extending to: Back 1 756
THROAT - SCRATCHING 1 760

4.4.11 External throat

EXTERNAL - THROAT - swelling - lymphatic tissue - submandibular 1 N

4.4.12 Neck

NECK - MOTION - aggravates 1 776
NECK - PAIN - left 1 776
NECK - PAIN - right 1 776
NECK - PAIN - right - sides - extending to: Back 1 N
NECK - PAIN - right - sides - extending to: Shoulder 1 N
NECK - PAIN - cutting pain 1 776
NECK - PAIN - drawing pain 1 776
NECK - PAIN - hammering 1 N
NECK - PAIN - lying on back - ameliorates 1 N
NECK - PAIN - pressing pain 1 776
NECK - PAIN - sore 1 776
NECK - PAIN - tearing pain 1 776
NECK - PAIN - extending to : Temples 1 N
NECK - PRESSURE - ameliorates 1 776
NECK - STRETCHING - ameliorates 1 777
NECK - SITTING - aggravates 1 777

NECK - STIFFNESS	1 777
NECK - TWITCHING - Muscles	1 777
NECK - TENSION	1 777

4.4.13 Stomach

STOMACH - APPETITE - <i>diminished</i>	2 780
STOMACH - APPETITE - <i>increased</i>	2 781
STOMACH - APPETITE - increased - accompanied by thirst	1 781
STOMACH - APPETITE - <i>insatiable</i>	2 782
STOMACH - APPETITE - increased - alternating with - loss of appetite	1 782
STOMACH - NAUSEA	2 813
STOMACH - NAUSEA - oil; from	1 820
STOMACH - PAIN - lancinating	1 832
STOMACH - PAIN - nausea - during	1 833
STOMACH - PAIN - extending to: Chest	1 839
STOMACH - PAIN - extending to: Chest - burning	1 839
STOMACH - PAIN - extending to: Throat	1 839
STOMACH - THIRST - accompanied by - Throat; dryness of	1 848
STOMACH - THIRST - decreased	1 848
STOMACH - THIRST- unquenchable	1 850
STOMACH - THIRST - waking; on	1 850
STOMACH - VOMITING - menses - during - aggravates	1 856

4.4.14 Abdomen

ABDOMEN - BREATHING - aggravates	1 867
ABDOMEN - DISTENSION	1 874
ABDOMEN - DISTENSION - eating - after - aggravates	1 875
ABDOMEN - DISTENSION - flatus - passing - with	1 875
ABDOMEN - PAIN - cramping	1 899
ABDOMEN - PAIN - cough aggravates; during	1 899
ABDOMEN - PAIN - lying - side; on - ameliorates	1 905
ABDOMEN - PAIN - lying - ameliorates - cramping	1 905
ABDOMEN - PAIN - motion - aggravates	1 907
ABDOMEN - PAIN - motion - aggravates - drawing pain	1 907
<u>ABDOMEN - PAIN - motion - aggravates - throbbing pain</u>	<u>1 N</u>
ABDOMEN - PAIN - motion - ameliorates - cramping	1 907
ABDOMEN - PAIN - paroxysmal	1 907
ABDOMEN - PAIN - pulsating pain	1 908
ABDOMEN - PAIN - sitting - aggravates - cramping	1 908
ABDOMEN - PAIN - sleep ameliorates	1 909
ABDOMEN - PAIN - stretching - ameliorates	1 911
ABDOMEN - PAIN - walking - aggravates - cramping	1 913

ABDOMEN - PAIN - walking - ameliorates	1 913
ABDOMEN - PAIN - extending to: Back - cramping	1 914
ABDOMEN - PAIN - Inguinal and pubic region - burning	1 931
ABDOMEN - PAIN - Inguinal and pubic region - drawing pain	1 931
ABDOMEN - PAIN - Lower abdomen - left	1 937
ABDOMEN - PAIN - Region of umbilicus	1 945
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ABDOMEN - PAIN - Region of umbilicus - drawing pain	1 947

4.4.15 Rectum

RECTUM - CONSTIPATION	1 968
RECTUM - DIARRHEA - accompanied by constipation	1 974

4.4.16 Stool

STOOL - BROWN - light	1 1010
STOOL - CLAY COLORED	1 1010
STOOL - FREQUENT	1 1012
STOOL - SOFT	1 1018

4.4.17 Bladder

BLADDER - URINATION - frequent	1 1034
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4.4.18 Female genitalia / sex

FEMALE GENITALIA/SEX - MENSES - late; too	1 1131
FEMALE GENITALIA/SEX - MENSES - painful	1 1132
FEMALE GENITALIA/SEX - MENSES - painful - warmth ameliorates	1 1133
FEMALE GENITALIA/SEX - MENSES - protracted - one day longer than usual	1 1133
FEMALE GENITALIA/SEX - MENSES - short; too	1 1134
<u>FEMALE GENITALIA/SEX - ODOR - fish; like</u>	<u>1 N</u>
FEMALE GENITALIA/SEX - PAIN - Ovaries - right - sharp	1 1144
FEMALE GENITALIA/SEX - PAIN - Uterus - right side	1 1147
FEMALE GENITALIA/SEX - PAIN - Uterus - stitching pain	1 1149
FEMALE GENITALIA/SEX - PAIN - Uterus - menses - during - digging pain	1 1149

4.4.19 Respiration

RESPIRATION - DIFFICULT - exertion - after: aggravates	1 1194
RESPIRATION - DIFFICULT - lying - ameliorates	1 1195

4.4.20 Cough

COUGH - AIR; IN OPEN: ameliorates	1 1213
COUGH - DRY	1 1216
COUGH - ODORS AGGRAVATES; STRONG	1 1226

COUGH - SUDDEN	1 1233
4.4.21 Expectoration	
EXPECTORATION - TRANSPARENT	1 1245
EXPECTORATION - WHITE	1 1245
4.4.22 Chest	
CHEST - DRYNESS	1 1259
CHEST - NOISES - abnormal	1 1274
CHEST - OBSTRUCTION; sensation of	1 1274
<i>CHEST - PAIN</i>	2 1277
<i>CHEST - PAIN - cough</i>	2 1281
CHEST - PAIN - cough - after	1 1281
CHEST - PAIN - cough - aggravates	1 1281
CHEST - PAIN - cough - during - cutting pain	1 1281
CHEST - PAIN - cutting pain	1 1282
CHEST - PAIN - pulsating pain	1 1286
CHEST - PAIN - stinging	1 1287
CHEST - PAIN - Mammae - burning	1 1302
CHEST - PAIN - Mammae - sore	1 1303
CHEST - PAIN - Sides - right	1 1309
<u>CHEST - PAIN - Sides - right - bending forward - aggravates</u>	<u>1 N</u>
CHEST - PAIN - Sternum - cutting pain	1 1318
CHEST - PAIN - Sternum - respiration	1 1318
CHEST - PALPITATIONS - anxiety - with	1 1322
4.4.23 Back	
BACK - ERUPTIONS - pimples - red	1 1348
BACK - HEAT - Lumbar region	1 1350
BACK - HEAT - menses; during	1 1350
BACK - PAIN - menses - during	1 1361
BACK - PAIN - menses - during - drawing pain	1 1361
BACK - PAIN - menses - during - stitching pain	1 1361
4.4.24 Extremities	
EXTREMITIES - CRACKING IN JOINTS	1 1446
EXTREMITIES - ERUPTIONS - Upper limbs - red	1 1472
EXTREMITIES - FROZEN - Feet	1 1478
EXTREMITIES - GIVE WAY - Knees	1 1479
EXTREMITIES - HEAT - Lower limbs	1 1480
EXTREMITIES - HEAVINESS - Lower limbs	1 1484
EXTREMITIES - NUMBNESS - Hips	1 1511

EXTREMITIES - PAIN - Feet - left - stitching pain	1 1532
EXTREMITIES - PAIN - Feet - left - walking - aggravates	1 1532
<u>EXTREMITIES - PAIN - Feet - left - standing; aggravates</u>	<u>1 N</u>
EXTREMITIES - PAIN - Feet - burning	1 1533
EXTREMITIES - PAIN - Feet - pinching	1 1534
EXTREMITIES - PAIN - Hips - right - stitching pain	1 1562
EXTREMITIES - PAIN - Hips - motion - aggravates - stitching pain	1 1565
EXTREMITIES - PAIN - Hips - standing - ameliorates	1 1566
EXTREMITIES - PAIN - Joints - broken; as if	1 1569
EXTREMITIES - PAIN - Joints - appearing and disappearing: suddenly	1 1569
EXTREMITIES - PAIN - Legs - Calves - cramping	1 1590
EXTREMITIES - PAIN - Legs - Calves - pressure ameliorates	1 1591
EXTREMITIES - PAIN - Lower limbs - cold: exposure to: aggravates	1 1594
EXTREMITIES - PAIN - Lower limbs - electric shock; as if from an	1 1595
EXTREMITIES - PAIN - Lower limbs - stitching pain	1 1596
EXTREMITIES - PAIN - Shoulder - right - cutting pain	1 1604
EXTREMITIES - PAIN - Shoulder - sore	1 1609
EXTREMITIES - PAIN - Upper limbs - sore	1 1640
EXTREMITIES - PERSPIRATION - Upper limbs - inner side of	1 1659
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EXTREMITIES - STIFFNESS - cold air - aggravates	1 1664
EXTREMITIES - STIFFNESS - Shoulder - left	1 1667
EXTREMITIES - STIFFNESS - Shoulder - exertion aggravates; after	1 1664
EXTREMITIES - WEAKNESS - Ankles	1 1696
EXTREMITIES - WEAKNESS - Legs - left	1 1699
EXTREMITIES - WEAKNESS - Wrists	1 1702

4.4.25 Sleep

SLEEP - SLEEPINESS	1 1724
SLEEP - SLEEPINESS - alternating with - sleeplessness	1 1727
SLEEP - SLEEPLESSNESS - dreams; from	1 1736
SLEEP - WAKING - dreams; by	1 1743

4.4.26 Dreams

DREAMS - ABSURD	1 1751
DREAMS - ACTIVITY	1 1751
DREAMS - DEATH - dying	1 1762
DREAMS - DEVILS	1 1763
DREAMS - PEOPLE	1 1780
DREAMS - PURSUED	1 1782

<u>DREAMS - REMEMBERED</u>	1 CS
DREAMS - SNAKES - biting him	1 1786
DREAMS - STRANGE	1 1787
DREAMS - SUFFOCATION	1 1787
DREAMS - TRUE ON WAKING; dreams seem	1 1789
DREAMS - UNREMEMBERED	1 1790
DREAMS - VIVID	1 1791

4.4.27 Fever

<i>FEVER, heat in general</i>	2 1811
FEVER - EATING - after - aggravates	1 1817

4.4.28 Skin

SKIN - ERUPTIONS - pimples - red	1 1857
SKIN - ERUPTIONS - pimples - itching	1 1857
SKIN - ITCHING - bed aggravates; in	1 1870

4.4.29 Generals

GENERALS - FOOD AND DRINKS - coffee - ameliorates	1 1944
GENERALS - FOOD AND DRINKS - cold drink, cold water - aggravates	1 1944
GENERALS - FOOD AND DRINKS - cold drink, cold water - desire	1 1945
GENERALS - FOOD AND DRINKS - everything - desire	1 1947
GENERALS - FOOD AND DRINKS - milk - ameliorates	1 1952
GENERALS - FOOD AND DRINKS - pasta - desire	1 1954
GENERALS - FOOD AND DRINKS - pastry - desire	1 1954
GENERALS - FOOD AND DRINKS - water - aggravates	1 1961
GENERALS - HEAT - alternating with: chills	1 1964
GENERALS - HEAT - perspiration: with	1 1965
GENERALS - WEARINESS	3 2078
GENERALS - WIND	1 2082

4.5 Comparison of the proving rubrics to the rubrics of the complex's constituent parts

The rubrics of the proving of the homoeopathic complex (*Cinnabaris* 12CH, *Hydrastis canadensis* 12CH, *Kalium bichromicum* 12CH) were compared to the rubrics found in the repertory in order to establish if the any of the three remedies were found in that rubric. There was a total of 337 rubrics produced by the proving of the homoeopathic complex. The analysis of rubrics showed that 216 rubrics did not

contain any of the three remedies, 72 rubrics contained at least one of the three remedies, 29 rubrics contained two of the three remedies and 20 rubrics contained all three remedies. Therefore, it can be said that the results of proving of the complex showed that a larger number of new rubrics or symptoms were produced compared to the total number of rubrics containing one, two or all three remedies.

The rubrics below were placed in headings according to the number of remedies listed for that rubric in the repertory, as per the subheading format found in the repertory.

4.5.1 Rubrics with no remedies of the complex

4.5.1.1 Mind

Rubric	Page no. <i>Synthesis</i>
MIND - AMBITION - loss of	9
MIND - BENEVOLENCE	29
MIND - COMMUNICATIVE	38
MIND - COMPANY - aversion to - alone - ameliorates; when	38
MIND - COMPANY - desire for: alternating with - aversion to company	40
MIND - CONFIDENCE - want of self confidence	43
MIND - CONFIDENT	43
MIND - COURAGEOUS	49
MIND - FLIRTING	129
MIND - HAUGHTY	137
MIND - INDIFFERENCE - family, to his/her	147
MIND - IRRITABILITY - insults, from	157
MIND - IRRITABILITY - people; with	157
MIND - LAUGHING - joy, with excessive	163
MIND - KISSING - wants to be kissed	167
MIND - LOQUACITY	167
MIND - MEMORY - weakness of memory - names	173
MIND - MOODS - contradictory	182
MIND - OCCUPATION - ameliorates	187
MIND - SADNESS - causeless	206
MIND - SADNESS - company - aversion to company, desire for solitude	207

MIND - SELF CONTROL - increased	210
MIND - SELFISHNESS	211
MIND - SENSITIVE - menses - during	CS
MIND - VERBOSE	N

4.5.1.2 Head

HEAD - PAIN - bending - head: forward - aggravates	316
HEAD - PAIN - cold aggravates; becoming	319
HEAD - PAIN - drinking - water - ameliorates	322
HEAD - PAIN - exertion - aggravates	323
HEAD - PAIN - sleep - preventing	336
HEAD - PAIN - sun - exposure to; from - stitching pain	338
HEAD - PAIN - wet applications - ameliorates	N
HEAD - PAIN - writing - aggravates	342
HEAD - PAIN - extending to: Eyes	343
HEAD - PAIN - Forehead - left - stitching pain	347
HEAD - PAIN - Occiput - left - burning	368
HEAD - PAIN - Occiput - left - dull	N
HEAD - PAIN - Occiput - pulsating pain	372
HEAD - PAIN - Occiput - extending to: Forehead - cutting pain	374
HEAD - PAIN - Occiput - extending to: Forehead - lancinating	374
HEAD - PAIN - Occiput - extending to: Sides - cutting pain	N
HEAD - PAIN - Occiput - extending to: Sides - sharp	N
HEAD - PAIN - Sides - extending to: Forehead	384
HEAD - PAIN - Temples - menses - during - aggravates - throbbing pain	N
HEAD - PAIN - Vertex - dull pain	397
HEAD - PAIN - Vertex - extending to: Eyes - over the eyes - right	400
HEAD - PAIN - Vertex - extending to: Temples	400
HEAD - PAIN - Vertex - extending to: Forehead	400

4.5.1.3 Vertigo

VERTIGO - ACCOMPANIED BY - thirst	256
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4.5.1.4 Eye

EYE - CLOSING THE EYES - aggravates	426
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EYE - ERUPTIONS - About the Eyes - pimples	432
EYE - ERUPTIONS - Lids - pimples - Lower	433
EYE - ERUPTIONS - Lids - pimples - right	N
EYE - ERUPTIONS - Lids - itching	433
EYE - LACHRYMATION - wind - aggravates	433
EYE - PAIN - stinging	456
EYE - PAIN - scratching pain	456
EYE - PAIN - Lids - left - burning	462
EYE - PAIN - Lids - touch - aggravates	462

4.5.1.5 Ear

EAR - ITCHING - right ear	508
EAR - NOISES - guns, sound of	512
EAR - PAIN - right - aching	519
EAR - STOPPED sensation - right	534

4.5.1.6 Nose

NOSE - DISCHARGE	552
NOSE - ITCHING - painful	565
NOSE - OBSTRUCTION - accompanied by discharge - watery	567
NOSE - OBSTRUCTION - cold air - aggravates	567
NOSE - OBSTRUCTION - sleep aggravates; during	568
NOSE - PAIN - stinging	572
NOSE - SNEEZING - cold - aggravates; becoming	579
NOSE - SNEEZING - discharge - ameliorates	580
NOSE - SNEEZING - dust - causes	580

4.5.1.7 Face

FACE - ERUPTIONS - acne - Nose	602
FACE - ERUPTIONS - acne - pustular	602
FACE - ERUPTIONS - brownish	602
FACE - ERUPTIONS - papular - Cheeks	605
FACE - ERUPTIONS - pimples - pink	606
FACE - ERUPTIONS - pimples - red	606
FACE - ROUGH skin	637

FACE - TWITCHING	643
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4.5.1.8 Mouth

MOUTH - PAIN - extending to: Throat	674
MOUTH - SALIVATION - profuse	687

4.5.1.9 Throat

THROAT - BLOOD - oozing; sensation of	733
THROAT - DRYNESS - water - ameliorates	739
THROAT - ITCHING	743
THROAT - PAIN - sharp, as from something	753
THROAT - PAIN - stinging	753
THROAT - PAIN - swallowing - liquids - aggravates	754
THROAT - PAIN - swallowing - warm drinks - aggravates	754
THROAT - PAIN - extending to: Back	756

4.5.1.10 External throat

EXTERNAL THROAT - SWELLING - lymphatic tissue - submandibular	N
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4.5.1.11 Neck

NECK - PAIN - left	776
NECK - PAIN - right	776
NECK - PAIN - right - Sides - extending to: Back	N
NECK - PAIN - right - Sides - extending to: Shoulder	N
NECK - PAIN - cutting pain	776
NECK - PAIN - hammering	N
NECK - PAIN - lying on back - ameliorates	N
NECK - PAIN - pressing pain	776
NECK - PAIN - sore	776
NECK - PAIN - extending to: Temples	N
NECK - PRESSURE - ameliorates	776
NECK - STRETCHING - ameliorates	777
NECK - SITTING - aggravates	777

NECK - TWITCHING - Muscles	777
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4.5.1.12 Stomach

STOMACH - APPETITE - increased - accompanied by thirst	781
STOMACH - APPETITE - insatiable	782
STOMACH - APPETITE - increased - alternating with: loss of appetite	782
STOMACH - NAUSEA - oil; from	820
STOMACH - PAIN - lancinating	832
STOMACH - PAIN - extending to: Chest	839
STOMACH - PAIN - extending to: Chest - burning	839
STOMACH - THIRST - accompanied by - Throat; dryness of	848
STOMACH - THIRST - decreased	848
STOMACH - THIRST - unquenchable	850
STOMACH - THIRST - waking; on	850

4.5.1.13 Abdomen

ABDOMEN - BREATHING - aggravates	867
ABDOMEN - DISTENSION - eating - after - aggravates	875
ABDOMEN - DISTENSION - flatus - passing - with	875
ABDOMEN - PAIN - lying - ameliorates - cramping	905
ABDOMEN - PAIN - lying - side; on - ameliorates	905
ABDOMEN - PAIN - motion - ameliorates - cramping	907
ABDOMEN - PAIN - motion - aggravates - throbbing pain	N
ABDOMEN - PAIN - motion - aggravates - drawing pain	907
ABDOMEN - PAIN - paroxysmal	907
ABDOMEN - PAIN - pulsating pain	908
ABDOMEN - PAIN - sitting - aggravates - cramping	908
ABDOMEN - PAIN - sleep - ameliorates	908
ABDOMEN - PAIN - stretching - ameliorates	908
ABDOMEN - PAIN - walking - ameliorates	913
ABDOMEN - PAIN - extending to: Back - cramping	914
ABDOMEN - PAIN - Inguinal and pubic region - burning	930
ABDOMEN - PAIN - Inguinal and pubic region - drawing pain	931
ABDOMEN - PAIN - Lower abdominal - left	937
ABDOMEN - PAIN - Region of umbilicus - drawing pain	947

4.5.1.14 Rectum

RECTUM - DIARRHEA - accompanied by constipation	947
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4.5.1.15 Stool

STOOL - BROWN - light	1010
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4.5.1.16 Female genitalia / sex

FEMALE GENITALIA/SEX - MENSES - painful - warmth - ameliorates	1133
FEMALE GENITALIA/SEX - MENSES - protracted - one day longer than usual	1133
FEMALE GENITALIA/SEX - MENSES - short; too	1134
FEMALE GENITALIA/SEX - ODOR - fish; like	N
FEMALE GENITALIA/SEX - PAIN - ovary - right - sharp	1144
FEMALE GENITALIA/SEX - PAIN - Uterus - right side	1147
FEMALE GENITALIA/SEX - PAIN - Uterus - stitching pain	1149
FEMALE GENITALIA/SEX - PAIN - Uterus - menses - during - digging pain	1149

4.5.1.17 Respiration

RESPIRATION - DIFFICULT - exertion - after - aggravates	1194
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4.5.1.18 Cough

COUGH - AIR; IN OPEN - ameliorates	1213
COUGH - ODORS - AGGRAVATES; STRONG	1226

4.5.1.19 Chest

CHEST - DRYNESS	1259
CHEST - NOISES - abnormal	1274
CHEST - OBSTRUCTION; SENSATION OF	1274
CHEST - PAIN - cough - after	1281
CHEST - PAIN - cough - during - cutting pain	1281
CHEST - PAIN - pulsating pain	1286

CHEST - PAIN - stinging	1287
CHEST - PAIN - Mammae - burning	1302
CHEST - PAIN - Mammae - sore	1303
CHEST - PAIN - Sides - right - bending forward - aggravates	N
CHEST - PAIN - Sternum - cutting pain	1318
CHEST - PAIN - Sternum - respiration	1318
CHEST - PALPITATIONS - anxiety - with	1322

4.5.1.20 Back

BACK - ERUPTIONS - pimples - red	1349
BACK - HEAT - Lumbar region	1350
BACK - HEAT - menses; during	1350
BACK - PAIN - menses - during - drawing pain	1361
BACK - PAIN - menses - during - stitching pain	1361

4.5.1.21 Extremities

EXTREMITIES - ERUPTIONS - Upper limbs - red	1472
EXTREMITIES - FROZEN - Feet	1478
EXTREMITIES - GIVE WAY - Knees	1479
EXTREMITIES - HEAT - Lower limbs	1480
EXTREMITIES - NUMBNESS - Hips	1511
EXTREMITIES - PAIN - Feet - left - stitching pain	1532
EXTREMITIES - PAIN - Feet - left - walking - aggravates	1532
EXTREMITIES - PAIN - Feet - left - standing - aggravates	N
EXTREMITIES - PAIN - Feet - burning	1533
EXTREMITIES - PAIN - Feet - pinching	1534
EXTREMITIES - PAIN - Hips - right - stitching	1562
EXTREMITIES - PAIN - Hips - motion - aggravates - stitching pain	1565
EXTREMITIES - PAIN - Hips - standing - ameliorates	1566
EXTREMITIES - PAIN - Joints - broken - as if	1569
EXTREMITIES - PAIN - Legs - Calves - cramping	1590
EXTREMITIES - PAIN - Legs - Calves - pressure - ameliorates	1591
EXTREMITIES - PAIN - Lower limbs - cold: exposure to: aggravates	1594
EXTREMITIES - PAIN - Lower limbs - electric shock; as if from an	1595
EXTREMITIES - PAIN - Shoulder - right - cutting pain	1604

EXTREMITIES - PAIN - Upper limbs - sore	1640
EXTREMITIES - PERSPIRATION - Upper limbs - inner side of	1659
EXTREMITIES - SENSITIVE - warmth, to	1660
EXTREMITIES - SEPARATED SENSATION - Lower limbs	1661
EXTREMITIES - STIFFNESS - cold air aggravates	1664
EXTREMITIES - STIFFNESS - Shoulder - left	1667
EXTREMITIES - STIFFNESS - Shoulder - exertion aggravates; after	1667
EXTREMITIES - WEAKNESS - Ankles	1696
EXTREMITIES - WEAKNESS - Legs - left	1699

4.5.1.22 Sleep

SLEEP - SLEEPINESS - alternating with: sleeplessness	1727
SLEEP - SLEEPLESSNESS - dreams - from	1736

4.5.1.23 Dreams

DREAMS - ABSURD	1751
DREAMS - ACTIVITY	1751
DREAMS - DEATH - DYING	1762
DREAMS - DEVILS	1763
DREAMS - PEOPLE	1780
DREAMS - REMEMBERED	1783
DREAMS - SNAKES - BITING HIM/HER	1786
DREAMS - STRANGE	1787
DREAMS - TRUE ON WAKING; dreams seem	1789

4.5.1.24 Fever

FEVER - EATING - after - aggravates	1802
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4.5.1.25 Skin

SKIN - ERUPTIONS - pimples - red	1857
SKIN - ERUPTIONS - pimples - itching	1857
SKIN - ITCHING - bed aggravates; in	1870

4.5.1.26 Generals

GENERALS - FOOD AND DRINKS - coffee - ameliorates	1944
GENERALS - FOOD AND DRINKS - cold drink, cold water aggravates	1944
GENERALS - FOOD AND DRINKS - pasta - desire	1954
GENERALS - FOOD AND DRINKS - pastry - desire	1954
GENERALS - FOOD AND DRINKS - water - aggravates	1961
GENERALS - FOOD AND DRINKS - everything - desire	1946
GENERALS - WIND	2082

4.5.2 Rubrics with all three remedies of the complex

4.5.2.1 Mind

Rubric	Remedies	Page No. Synthesis
MIND - CHEERFUL	<i>Cinnabaris, Hydrastis canadensis, Kalium bichromicum</i>	34
MIND - DULLNESS	<i>Cinnabaris, Hydrastis canadensis, Kalium bichromicum</i>	101
MIND - IRRITABILITY	<i>Cinnabaris, Hydrastis canadensis, Kalium bichromicum</i>	154
MIND - SADNESS	<i>Cinnabaris, Hydrastis canadensis, Kalium bichromicum</i>	205

4.5.2.2 Head

HEAD - CONGESTION	<i>Cinnabaris, Hydrastis canadensis, Kalium bichromicum</i>	279
HEAD - HEAVINESS	<i>Cinnabaris, Hydrastis canadensis, Kalium bichromicum</i>	295

4.5.2.3 Eye

EYE - LACHRYMATION	<i>Cinnabaris, Hydrastis canadensis, Kalium bichromicum</i>	441
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4.5.2.4 Ear

EAR - STOPPED sensation	<i>Cinnabaris, Hydrastis canadensis, Kalium bichromicum</i>	533
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4.5.2.5 Nose

NOSE - DISCHARGE - yellow	<i>Cinnabaris, Hydrastis canadensis, Kalium bichromicum</i>	557
NOSE - ITCHING	<i>Cinnabaris, Hydrastis canadensis, Kalium bichromicum</i>	565

4.5.2.6 Throat

THROAT - DRYNESS	<i>Cinnabaris, Hydrastis canadensis, Kalium bichromicum</i>	738
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4.5.2.7 Stomach

STOMACH - APPETITE - increased	<i>Cinnabaris, Hydrastis canadensis, Kalium bichromicum</i>	781
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4.5.2.8 Abdomen

ABDOMEN - DISTENSION	<i>Cinnabaris, Hydrastis canadensis, Kalium bichromicum</i>	874
ABDOMEN - PAIN - cramping	<i>Cinnabaris, Hydrastis canadensis, Kalium bichromicum</i>	899

4.5.2.9 Stool

STOOL - SOFT	<i>Cinnabaris, Hydrastis canadensis, Kalium bichromicum</i>	1018
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4.5.2.10 Bladder

BLADDER - URINATION - frequent	<i>Cinnabaris, Hydrastis canadensis, Kalium bichromicum</i>	1034
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4.5.2.11 Female genitalia / sex

FEMALE GENITALIA/SEX - MENSES - painful	<i>Cinnabaris, Hydrastis canadensis, Kalium bichromicum</i>	1132
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4.5.2.12 Cough

COUGH - DRY	<i>Cinnabaris, Hydrastis canadensis, Kalium bichromicum</i>	1226
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4.5.2.13 Chest

CHEST - PAIN	<i>Cinnabaris, Hydrastis canadensis, Kalium bichromicum</i>	1277
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4.5.2.14 Sleep

SLEEP - Sleepiness	<i>Cinnabaris, Hydrastis canadensis, Kalium bichromicum</i>	1724
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4.5.3 Remedies with two remedies of the complex

4.5.3.1 Mind

Rubric	Remedies	Page No. <i>Synthesis</i>
MIND - ANXIETY	<i>Cinnabaris, Kalium bichromicum</i>	17
MIND - SHRIEKING	<i>Hydrastis canadensis, Kalium bichromicum</i>	216

4.5.3.2 Head

HEAD - PAIN - motion - aggravates	<i>Cinnabaris, Kalium bichromicum</i>	328
HEAD - PAIN - pressing pain	<i>Cinnabaris, Kalium bichromicum</i>	331
HEAD - PAIN - pulsating pain	<i>Hydrastis canadensis, Kalium bichromicum</i>	333
HEAD - PAIN - tearing pain	<i>Cinnabaris, Kalium bichromicum</i>	339
HEAD - PAIN - Occiput - extending to:	<i>Cinnabaris, Kalium bichromicum</i>	374

Forehead		
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4.5.3.3 Eye

EYE - DISCHARGES - yellow	<i>Hydrastis canadensis, Kalium bichromicum</i>	429
EYE - PAIN - burning	<i>Hydrastis canadensis, Kalium bichromicum</i>	450

4.5.3.4 Nose

NOSE - COLD - air - aggravates	<i>Hydrastis canadensis, Kalium bichromicum</i>	545
NOSE - DISCHARGE - copious	<i>Hydrastis canadensis, Kalium bichromicum</i>	553
NOSE - OBSTRUCTION	<i>Hydrastis canadensis, Kalium bichromicum</i>	566
NOSE - PAIN - right - burning pain	<i>Hydrastis canadensis, Kalium bichromicum</i>	570
NOSE - PAIN - burning pain	<i>Hydrastis canadensis, Kalium bichromicum</i>	571
NOSE - SNEEZING	<i>Hydrastis canadensis, Kalium bichromicum</i>	578

4.5.3.5 Mouth

MOUTH - DRYNESS - thirst; with	<i>Cinnabaris, Kalium bichromicum</i>	662
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4.5.3.6 Throat

THROAT - PAIN - raw; as if	<i>Hydrastis canadensis, Kalium bichromicum</i>	752
THROAT - PAIN - sore	<i>Hydrastis canadensis, Kalium bichromicum</i>	753

4.5.3.7 Stomach

STOMACH - APPETITE - diminished	<i>Hydrastis canadensis, Kalium bichromicum</i>	780
STOMACH - NAUSEA	<i>Hydrastis canadensis, Kalium</i>	813

	<i>bichromaticum</i>	
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4.5.3.8 Rectum

RECTUM - CONSTIPATION	<i>Hydrastis canadensis, Kalium bichromaticum</i>	968
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4.5.3.9 Stool

STOOL - FREQUENT	<i>Hydrastis canadensis, Kalium bichromaticum</i>	1012
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4.5.3.10 Female genitalia / sex

FEMALE GENITALIA/SEX - MENSES - late; too	<i>Cinnabaris, Kalium bichromaticum</i>	1131
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4.5.3.11 Chest

CHEST - PAIN - cough - aggravates	<i>Hydrastis canadensis, Kalium bichromaticum</i>	1281
CHEST - PAIN - Sides - right	<i>Hydrastis canadensis, Kalium bichromaticum</i>	1309

4.5.3.12 Sleep

SLEEP - WAKING - dreams, by:	<i>Cinnabaris, Kalium bichromaticum</i>	1743
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4.5.3.13 Dreams

DREAMS - UNREMEMBERED	<i>Cinnabaris, Kalium bichromaticum</i>	1790
DREAMS - VIVID	<i>Cinnabaris, Kalium bichromaticum</i>	1791

4.5.3.14 Generals

GENERALS - FOOD AND DRINKS - cold drink, cold water - desire	<i>Cinnabaris, Kalium bichromaticum</i>	1945
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4.5.4 Rubrics with one remedy of the complex

4.5.4.1 Mind

Rubric	Remedy	Page no. <i>Synthesis</i>
MIND - ANGER - easily	<i>Hydrastis canadensis</i>	12
MIND - COMPANY - aversion to - desire for solitude	<i>Kalium bichromicum</i>	39
MIND - CONCENTRATION - difficult: studying	<i>Kalium bichromicum</i>	42
MIND - ECSTASY	<i>Cinnabaris</i>	105
MIND - IRRITABILITY - easily	<i>Cinnabaris</i>	157
MIND - IRRITABILITY - noise, from	<i>Cinnabaris</i>	157
MIND - THINKING - complaints - aggravates: thinking of his complaints	<i>Hydrastis canadensis</i>	224

4.5.4.2 Head

HEAD - CONGESTION - Forehead	<i>Cinnabaris</i>	281
HEAD - PAIN - morning	<i>Kalium bichromicum</i>	309
HEAD - PAIN - accompanied by eye - complaints	<i>Kalium bichromicum</i>	314
HEAD - PAIN - burning	<i>Kalium bichromicum</i>	317
HEAD - PAIN - constant, continued	<i>Hydrastis canadensis</i>	320
HEAD - PAIN - dull pain	<i>Cinnabaris</i>	322
HEAD - PAIN - hammering pain	<i>Kalium bichromicum</i>	324
HEAD - PAIN - Bones	<i>Kalium bichromicum</i>	344
HEAD - PAIN - Forehead - extending to: Backward	<i>Kalium bichromicum</i>	357
HEAD - PAIN - Occiput - morning	<i>Kalium bichromicum</i>	368

4.5.4.3 Eye

EYE - ITCHING	<i>Kalium bichromicum</i>	440
EYE - PAIN - sore	<i>Kalium bichromicum</i>	456
EYE - SWELLING	<i>Kalium bichromicum</i>	470

4.5.4.4 Nose

NOSE - DISCHARGE - clear	<i>Hydrastis canadensis</i>	553
NOSE - DRYNESS - burning	<i>Kalium bichromicum</i>	558
NOSE - DRYNESS - right	<i>Kalium bichromicum</i>	559
NOSE - SMELL - acute	<i>Kalium bichromicum</i>	577
NOSE - SNEEZING - frequent	<i>Kalium bichromicum</i>	580
NOSE - SNEEZING - violent	<i>Kalium bichromicum</i>	580

4.5.4.5 Face

FACE - ERUPTIONS - acne	<i>Kalium bichromicum</i>	601
FACE - ERUPTIONS - acne - Chin	<i>Hydrastis canadensis</i>	602
FACE - ERUPTIONS - itching	<i>Kalium bichromicum</i>	605
FACE - ERUPTIONS - pimples - Forehead	<i>Kalium bichromicum</i>	606
FACE - PAIN - burning	<i>Kalium bichromicum</i>	622
FACE - PAIN - Sinuses - Frontal	<i>Kalium bichromicum</i>	634

4.5.4.6 Mouth

MOUTH - PAIN - sore	<i>Kalium bichromicum</i>	697
MOUTH - ROUGHNESS - Palate	<i>Kalium bichromicum</i>	683

4.5.4.7 Teeth

TEETH - SENSITIVE	<i>Kalium bichromicum</i>	730
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4.5.4.8 Throat

THROAT - PAIN - cough - during - aggravates	<i>Kalium bichromicum</i>	750
THROAT - PAIN - swallowing - food aggravates	<i>Kalium bichromicum</i>	754
THROAT - PAIN - warm drinks - ameliorates	<i>Kalium bichromicum</i>	755
THROAT - SCRATCHING	<i>Kalium bichromicum</i>	760

4.5.4.9 Neck

NECK - MOTION - aggravates	<i>Kalium bichromicum</i>	776
NECK - PAIN - drawing pain	<i>Kalium bichromicum</i>	776
NECK - PAIN - tearing pain	<i>Kalium bichromicum</i>	776
NECK - STIFFNESS	<i>Kalium bichromicum</i>	777
NECK - TENSION	<i>Kalium bichromicum</i>	777

4.5.4.10 Stomach

STOMACH - PAIN - extending to: Throat	<i>Kalium bichromicum</i>	839
STOMACH - PAIN - nausea - during	<i>Kalium bichromicum</i>	839
STOMACH - VOMITING - menses - during - aggravates	<i>Kalium bichromicum</i>	856

4.5.4.11 Abdomen

ABDOMEN - PAIN - Region of umbilicus - cramping	<i>Kalium bichromicum</i>	829
ABDOMEN - PAIN - cough aggravates; during	<i>Kalium bichromicum</i>	899
ABDOMEN - PAIN - motion - aggravates	<i>Kalium bichromicum</i>	906
ABDOMEN - PAIN - walking - aggravates - cramping	<i>Kalium bichromicum</i>	913
ABDOMEN - PAIN - Region of umbilicus - cramping	<i>Kalium bichromicum</i>	947

4.5.4.12 Stool

STOOL - CLAY COLORED	<i>Kalium bichromicum</i>	1010
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4.5.4.13 Respiration

RESPIRATION - DIFFICULT - lying - ameliorates	<i>Kalium bichromicum</i>	1195
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4.5.4.14 Cough

COUGH - SUDDEN	<i>Kalium bichromicum</i>	1233
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4.5.4.15 Expectoration

EXPECTORATION - TRANSPARENT	<i>Kalium bichromicum</i>	1245
EXPECTORATION - WHITE	<i>Kalium bichromicum</i>	1245

4.5.4.16 Chest

CHEST - PAIN - cutting pain	<i>Kalium bichromicum</i>	1282
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4.5.4.17 Extremities

EXTREMITIES - CRACKING IN JOINTS	<i>Kalium bichromicum</i>	1446
EXTREMITIES - HEAVINESS - Lower limbs	<i>Kalium bichromicum</i>	1484
EXTREMITIES - PAIN - Joints - appearing and disappearing - suddenly	<i>Kalium bichromicum</i>	1569
EXTREMITIES - PAIN - Lower limbs - stitching pain	<i>Cinnabaris</i>	1596
EXTREMITIES - PAIN - Upper limbs - sore	<i>Kalium bichromicum</i>	1640
EXTREMITIES - SENSITIVE - Upper limbs	<i>Kalium bichromicum</i>	1661
EXTREMITIES - WEAKNESS - wrists	<i>Kalium bichromicum</i>	1702

4.5.4.18 Dreams

DREAMS - PURSUED	<i>Hydrastis canadensis</i>	1782
DREAMS - SUFFOCATION	<i>Kalium bichromicum</i>	1787

4.5.4.19 Fever

FEVER, heat in general	<i>Kalium bichromicum</i>	1811
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4.5.4.20 Generals

GENERALS - FOOD AND DRINKS - milk ameliorates	<i>Hydrastis canadensis</i>	1952
GENERALS - HEAT - alternating with: chills	<i>Kalium bichromicum</i>	1964
GENERALS - HEAT - perspiration: with	<i>Kalium bichromicum</i>	1965
GENERALS - WEARINESS	<i>Kalium bichromicum</i>	2078

4.5.5 Characteristic rubrics of the complex

The proving of a homoeopathic complex (*Hydrastis canadensis* 12CH, *Cinnabaris* 12CH, *Kalium bichromicum* 12CH) produced 236 rubrics that are distinctive to the complex as a whole.

4.5.5.1 Mind

Rubric	Page no.
MIND - AMBITION - loss of	9
MIND - BENEVOLENCE	29
MIND - CHEERFUL	34
MIND - COMMUNICATIVE	38
MIND - COMPANY - aversion to - alone - ameliorates, when	38
MIND - COMPANY - desire for: alternating with - aversion to company	40
MIND - CONFIDENCE - want of self confidence	43
MIND - CONFIDENT	43
MIND - COURAGEOUS	49
MIND - DULLNESS	101
MIND - FLIRTING	129
MIND - HAUGHTY	137
MIND - INDIFFERENCE - family, to his	147
MIND - IRRITABILITY	154
MIND - IRRITABILITY - insults, from	157
MIND - IRRITABILITY - people, with	157
MIND - KISSING - wants to be kissed	167
MIND - LAUGHING - joy, with excessive	163
MIND - LOQUACITY	167
MIND - MEMORY - weakness of memory - names	173

MIND - MOODS - contradictory	182
MIND - OCCUPATION - ameliorates	187
MIND - SADNESS	205
MIND - SADNESS - causeless	206
MIND - SADNESS - aversion to company - desire for solitude	207
MIND - SELF CONTROL - increased	210
MIND - SELFISHNESS	211
MIND - SENSITIVE - menses - during	CS
MIND - VERBOSE	N

4.5.5.2 Vertigo

VERTIGO - ACCOMPANIED BY - thirst	256
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4.5.5.3 Head

HEAD - CONGESTION	279
HEAD - HEAVINESS	295
HEAD - PAIN - bending: head forward aggravates	316
HEAD - PAIN - cold aggravates; becoming	319
HEAD - PAIN - drinking - water - ameliorates	322
HEAD - PAIN - exertion - aggravates	323
HEAD - PAIN - sleep - preventing	336
HEAD - PAIN - sun - exposure to sun; from - stitching pain	338
HEAD - PAIN - wet applications - ameliorates	N
HEAD - PAIN - writing - aggravates	342
HEAD - PAIN - extending to: Eyes	343
HEAD - PAIN - Forehead - left - stitching pain	347
HEAD - PAIN - Occiput - left - burning	368
HEAD - PAIN - Occiput - left - dull	N
HEAD - PAIN - Occiput - pulsating pain	372
HEAD - PAIN - Occiput - extending to: Forehead - cutting pain	374
HEAD - PAIN - Occiput - extending to: Forehead - lancinating	374
HEAD - PAIN - Occiput - extending to: Sides - cutting	N
HEAD - PAIN - Occiput - extending to: Sides - sharp	N
HEAD - PAIN - Sides - extending to: Forehead	384
HEAD - PAIN - Temples - menses - during - aggravates - throbbing pain	N
HEAD - PAIN - Vertex - dull	397

HEAD - PAIN - Vertex - extending to: Eyes: right	400
HEAD - PAIN - vertex - extending to: Temples	400
HEAD - PAIN - Vertex - extending to: Forehead	400

4.5.5.4 Eye

EYE - CLOSING THE EYES - aggravates	426
EYE - ERUPTIONS - About the Eyes - pimples	432
EYE - ERUPTIONS - Lids - pimples - lower	433
EYE - ERUPTIONS - Lids - pimples - right	N
EYE - ERUPTIONS - Lids - itching	433
EYE - LACHRYMATION	433
EYE - LACHRYMATION - wind - aggravates	433
EYE - PAIN - stinging	456
EYE - PAIN - scratching pain	456
EYE - PAIN - Lids - left - burning	462
EYE - PAIN - Lids - touch - aggravates	462

4.5.5.5 Ear

EAR - ITCHING - right ear	508
EAR - NOISES - guns, sound of	512
EAR - PAIN - right - pulsating pain	519
EAR - STOPPED sensation	533
EAR - STOPPED sensation - right	534

4.5.5.6 Nose

NOSE - DISCHARGE	552
NOSE - DISCHARGE - yellow	557
NOSE - ITCHING	565
NOSE - ITCHING - painful	565
NOSE - OBSTRUCTION - accompanied by discharge - watery	567
NOSE - OBSTRUCTION - cold air - aggravates	567
NOSE - OBSTRUCTION - sleep - aggravates; during	568
NOSE - PAIN - stinging	572
NOSE - SNEEZING - cold - aggravates; becoming	579
NOSE - SNEEZING - discharge - ameliorates	580

NOSE - SNEEZING - dust - causes	580
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4.5.5.7 Face

FACE - ERUPTIONS - acne - Nose	602
FACE - ERUPTIONS - acne - pustular	602
FACE - ERUPTIONS - brownish	602
FACE - ERUPTIONS - papular - Cheeks	602
FACE - ERUPTIONS - pimples - pink	606
FACE - ERUPTIONS - pimples - red	606
FACE - ROUGH skin	637
FACE - TWITCHING	643

4.5.5.8 Mouth

MOUTH - PAIN - extending to: Throat	674
MOUTH - SALIVATION - profuse	687

4.5.5.9 Throat

THROAT - BLOOD oozing - sensation of	733
THROAT - DRYNESS	738
THROAT - DRYNESS - water - ameliorates	739
THROAT - ITCHING	743
THROAT - PAIN - sharp	753
THROAT - PAIN - stinging	753
THROAT - PAIN - swallowing - liquids - aggravates	754
THROAT - PAIN - swallowing - warm drinks - aggravates	754
THROAT - PAIN - extending to: Back	756

4.5.5.10 External throat

EXTERNAL THROAT - SWELLING - lymphatic tissue - submandibular	N
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4.5.5.11 Neck

NECK - PAIN - left	776
NECK - PAIN - right	776
NECK - PAIN - right - Sides extending to: Back	N
NECK - PAIN - right - Sides - extending to: Shoulder	N
NECK - PAIN - cutting pain	776
NECK - PAIN - hammering	N
NECK - PAIN - lying on back - ameliorates	N
NECK - PAIN - pressing pain	776
NECK - PAIN - sore	776
NECK - PAIN - extending to: Temples	N
NECK - PRESSURE - ameliorates	776
NECK - STRETCHING - ameliorates	777
NECK - SITTING - aggravates	777
NECK - TWITCHING - muscles	777

4.5.5.12 Stomach

STOMACH - APPETITE - increased	781
STOMACH - APPETITE - increased - accompanied by thirst	781
STOMACH - APPETITE - insatiable	782
STOMACH - APPETITE - increased - alternating with: loss of appetite	782
STOMACH - NAUSEA - oil; from	820
STOMACH - PAIN - lancinating	832
STOMACH - PAIN - extending to: Chest	839
STOMACH - PAIN - extending to: Chest - burning	839
STOMACH - THIRST - accompanied by - Throat; dryness of	848
STOMACH - THIRST - decreased	848
STOMACH - THIRST - unquenchable	850
STOMACH - THIRST - waking on	850

4.5.5.13 Abdomen

ABDOMEN - BREATHING - aggravates	867
ABDOMEN - DISTENSION	874
ABDOMEN - DISTENSION - eating - after - aggravates	875
ABDOMEN - DISTENSION - flatus - passing - with	875

ABDOMEN - PAIN - cramping	899
ABDOMEN - PAIN - lying - ameliorates - cramping	905
ABDOMEN - PAIN - lying - side on - ameliorates	905
ABDOMEN - PAIN - motion - ameliorates - cramping	907
ABDOMEN - PAIN - motion - aggravates - drawing pain	907
ABDOMEN - PAIN - motion - aggravates - throbbing pain	N
ABDOMEN - PAIN - paroxysmal	907
ABDOMEN - PAIN - pulsating pain	908
ABDOMEN - PAIN - sitting - aggravates - cramping	908
ABDOMEN - PAIN - sleep - ameliorates	908
ABDOMEN - PAIN - stretching - ameliorates	908
ABDOMEN - PAIN - walking - ameliorates	913
ABDOMEN - PAIN - extending to: Back - cramping	914
ABDOMEN - PAIN - Inguinal and pubic region - burning	930
ABDOMEN - PAIN - Inguinal and pubic region - drawing pain	931
ABDOMEN - PAIN - Lower abdominal - left	937
ABDOMEN - PAIN - Region of umbilicus - drawing pain	947

4.5.5.14 Rectum

RECTUM - DIARRHEA - accompanied by constipation	947
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4.5.5.15 Stool

STOOL - BROWN - light	1010
STOOL - SOFT	1018

4.5.5.16 Bladder

BLADDER - URINATION - frequent	1034
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4.5.5.17 Female genitalia / sex

FEMALE GENITALIA/SEX - MENSES - painful	1132
FEMALE GENITALIA/SEX - MENSES - painful - warmth - ameliorates	1133
FEMALE GENITALIA/SEX - MENSES - protracted - one day longer than usual	1133

FEMALE GENITALIA/SEX - MENSES - short; too	1134
FEMALE GENITALIA/SEX - ODOR - fish; like	N
FEMALE GENITALIA/SEX - PAIN - ovary - right - sharp	1144
FEMALE GENITALIA/SEX - PAIN - Uterus - right side	1147
FEMALE GENITALIA/SEX - PAIN - Uterus - stitching pain	1149
FEMALE GENITALIA/SEX - PAIN - Uterus - menses - during - digging pain	1149

4.5.5.18 Respiration

RESPIRATION - DIFFICULT - exertion - after: aggravates	1194
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CHAPTER 5 : DISCUSSION

5.1 Introduction

The research questions asked whether the homoeopathic complex would produce clearly observable signs and symptoms in healthy provers (Research Question 1), and whether the complex would share a majority of similar characteristics to those of its constituent parts (Research Question 2). The results of the proving led the researcher to answer Research Question 1 with a “Yes” and the Research Question 2 with a “No”.

Data recorded in Chapter 4 is derived from verum provers only. This is in accordance with the research methodology regarding inclusion criteria of symptoms. One of the criteria is the following: “the symptom did not appear in a prover in the placebo group” (Ross 2011: 102). After all the provers had completed the proving and handed in their journals, the researcher examined all the material and converted all the symptoms to rubrics, in order to avoid bias. After this exercise, the prover list was unblinded, after which all the symptoms derived from placebo provers were discarded. However, it was interesting to see that there were some similar symptoms between the placebo group and the verum group, the most notable being:

- Nose - Coldness - inside (Prover 12 placebo, 18 verum);
- Throat - Pain - burning (Prover 2 placebo, 18 verum);
- Female - Menses - dark (Prover 5 placebo, 8 verum);
- Female - Sexual desire - diminished (Prover 5 placebo, 11 verum.)

The placebo group has been commented on by other provings conducted at DUT such as Taylor (2004) and Brijnath (2013), but this researcher did not regard the degree of similarity to be strong enough to warrant extra attention. Similarity in symptoms of the placebo group and the verum group could be seen as a form of entanglement as per Milogram (2005: 101), who states that in a proving, under the right energetic circumstances, the vital force of a verum prover and that of a placebo

prover overlap each other thus forming an entangled state. This could be given more attention in future provings (see recommendation in section 6.2).

The aim of this chapter is firstly to establish if the complex produced a new remedy picture as a result of the combination of individual remedies. This will be achieved by looking at the number of rubrics that were analysed into the four categories of rubrics, namely, rubrics that do not include the individual remedies, rubrics that include all three remedies, rubrics that include only two remedies and rubrics that include one remedy. The second aim is to discuss the unique features produced that were specific to the complex in order to understand the complex as a new entity with its own specific symptomology. This will be accomplished by amalgamating the new symptoms produced by the proving complex and symptoms produced which contain all three remedies of the complex.

5.2 Analysis of number of rubrics

There was a total of 337 rubrics produced by the proving of the homoeopathic complex. The analysis of rubrics showed that 216 rubrics did not contain any of the three remedies; 72 rubrics contained at least one of the three remedies; 29 rubrics contained two of the three remedies; and 20 rubrics contain all three remedies. Eighteen new rubrics were established.

In reflecting on the proportion of rubrics from each category, it can be seen that the vast majority of rubrics did not contain any of the three remedies of the complex. The results show that although the complex shared a degree of similarity to the individual remedies, the complex as an entity formed its own individual picture.

5.3 Symptomatology

The main themes are discussed in terms of the rubrics and the prover journals. In analysing the symptoms elucidated, a definite polarity of symptoms is noted, including within the same prover. This was the case with mental and physical symptoms.

The following polarity of mind symptoms were noted:

- Sadness / Cheerful.
- Wanting to be alone / wanting company.
- Confident and confidence / lack of confidence.
- Indifference / benevolence.

The following polarities in the physical symptoms were noted:

- Nasal obstruction / nasal discharge.
- Increase in thirst / decrease in thirst.
- Abdominal pain aggravated by motion / ameliorated by motion.
- Sleepiness / sleeplessness.

5.3.1 Mind

5.3.1.1 Sadness

One of the most prominent symptoms under the mind section was that of sadness (1a M 01:XX:XX) (4a F 20:XX:XX) (14 F 11:XX:XX) (16 M 10:XX:XX). Certain provers who experienced this sadness could not relate it to any cause. One prover wrote, “I felt depressed and down for no reason” (1a M 01:XX:XX) and another wrote, “Noticed I was feeling really sad for no reason. I felt emotional withdrawn from people.” (14 F 11:XX:XX). This sadness in certain provers was accompanied by the feeling of not wanting to be in the company of people, “Still felt depressed. Not wanting to see anyone, even though it was my birthday. I hid away in my room and only came out to eat. I went out at night but still felt sad for no reason” (14 F 13:XX:XX) and “I’m not attending my first class. I [don’t] feel like talking to anyone. I’ve missed an important class I have to make sure I attend the remaining classes of today. I can’t really understand why I bunked my first class of the morning.” (16 M 10:XX:XX).

5.3.1.2 Cheerful

In contrast to the symptom of sadness, other provers experienced happiness. “Felt happy” (14 F 00:XX:XX); “I woke up really early even though I slept late. I feel energetic and I feel this can do attitude and I feel quite light and happy” (18 F XX:XX:XX). However, one prover experienced both symptoms of happiness and sadness, “Felt happy” (14 F 00:XX:XX) and “Noticed I was feeling really sad for no reason. I felt emotional withdrawn from people.” (14 F 11:XX:XX).

5.3.1.3 Company

The dynamic between provers and desire for or aversion to company was quite apparent. Provers experienced amelioration by solitude: “During the day I realise that I have no problem sitting alone. It gave me much peace. Not that I mind people around me, it’s just that when I am sitting alone I feel like I am in control. In the past I would want to sit alone then soon start to feel isolated / or left out / lonely but now it’s as if I shine better when I am sitting alone as if I bring fear to the people around. It’s as if I am in control like a flower which has the ability to attract people (animals) to come to it and I am going to eat them. As a king sit on a throne.” (11 F XX:XX:XX). The image of a flower and its power is a strange, rare and peculiar symptom in this study.

Provers had an alternating desire for company and an aversion to it. “I am finding myself able to study around people which is not my thing [I normally prefer learning and studying on my own but during this time I was able grasp more and actually learn better with a group]” (18 F 02:XX:XX). “It’s 10:am my first lecture went well as soon as I separated from my classmates I felt like crying a lot I just felt hurt and broken yet nothing happened but I just couldn’t cry and I thought I should sleep but I couldn’t so I cleaned my room which is what I normally do to feel better but I still felt the same. But after cleaning I managed to sleep. [not being with people] (18 F XX:XX:XX). However later, “I feel really tired today I just don’t want to get out of bed. I was awake by 07:00 but I had no aim of leaving my bed. I felt as I wanted to be

alone, asleep and I thought the world doesn't need me so I just should be alone." (18 F XX:XX:XX).

The theme of aversion to company was quite evident as it was experienced accompanying the symptom of sadness. Thus, the theme of company was one of the prominent features of the complex.

5.3.1.4 Confident and confidence, want of

Provers felt more assertive: "I also realise that my ability to say NO is easy now, I am usually polite and say yes to doing things because I can do it for people. I say no and not feel as guilty." and "Saying the right thing (just too much), feels like I am too open. [More outspoken, talking more, speaking my mind.]" (11 F XX:XX:XX). Another prover felt greater self-assurance: "Again felt very strong and energetic after capoeira. I had a test the next day. I felt so relaxed and unphased by it" [I had been feeling strong and energetic. I think the exercise capoeira, helped. I had a test the next day. I was feeling happy relaxed and confident.] (14 F 17:XX:XX).

In contrast to the above symptom, prover 18 displayed both assertiveness and a lack of it: "I just think that now I react a bit differently when I am put in an awkward position. I don't stand up for myself or react as I did before. For as long as I can remember I just cannot stand a disrespectful male because of my history. I normally stand up for myself and make sure I put them in their place no matter what age they are. Yesterday there were two incidents occurred but I reacted in the most calm, reserved and polite way [I felt like I could control the angry feeling I had and I didn't feel the need to hurt the other person. I have to thinking of how they would feel if I reacted rudely.]" However, on another day prover 18 stated "I am normal, it's just that I feel louder and I am interacting with people more. Example: I don't do well in physics and technicians always scare me but I have asked more questions than I have ever have. [I become more talkative.]" (18 F 01:XX:XX).

5.3.1.5 Indifference and benevolence

An apparent change in empathy towards a family member was noted by one prover: “An observation. I really don’t care as much e.g. my mother is sick, coughing, but I am not panicking. I think she will be okay. Three years ago when my sister was sick I was so scared. Fear can give way when people get sick. I am keen on taking their case, getting them a remedy and watching their improvement.” (11 F XX:XX:XX). However, on the opposite side, another prover displayed caring of others, “I just think that now I react a bit differently when I am put in an awkward position. I don’t stand up for myself or react as I did before. For as long as I can remember I just cannot stand a disrespectful male because of my history. I normally stand up for myself and make sure I put them in their place no matter what age they are in. yesterday there were two incidents occurred but I reacted in the most calm, reserved and polite way [I felt like I could control the angry feeling I had and I didn’t feel the need to hurt the other person. I have to thinking of how they would feel if I reacted rudely.]” (18 F 01:XX:XX).

5.3.1.6 Moods – contradictory

This symptom experienced by a prover, further reiterates the theme of polarity. Prover 11 stated, “Moods confused, energised but lazy. Highly stressed.” (11 F XX:XX:XX).

5.3.1.7 Irritability

The theme of irritability was quite apparent in proverbs. “Emotional: easily irritable or angry” (10 F 02:XX:XX). Proverbs were able to relate the irritability to a causative factor. One of these factors was irritability from insults: “High irritable – my character was placed into question. Smiles have disappeared – my lips are vibrating, trying to laugh but it’s just building.” (11 F XX:XX:XX). Another factor was people: “Very moody. [Irritability. People annoy me.]” (06 M 4:XX:XX).

5.3.1.8 Communicative

Provers noted that their interaction with other people changed, in that their ability to vocalise what they felt improved : “Saying the right thing (just too much), feels like I am too open. [More outspoken, talking more, speaking my mind.]” (11 F XX:XX:XX); “I am normal, it’s just that I feel louder and I am interacting with people more. Example: I don’t do well in physics and technicians always scare me but I have asked more questions than I have ever have. [I become more talkative.]”

(18 F 00:XX:XX)

5.3.1.9 Loquacity / Verbose

The researcher noted in the prover journals, that certain provers had extensively elaborated on their symptoms where it was considered to be verbose. Examples of such entries are: “During the day I realise that I have no problem sitting alone. It gave me much peace. Not that I mind people around me, it’s just that when I am sitting alone I feel like I am in control. In the past I would want to sit alone than soon start to feel isolated / or left out / lonely but now it’s as if I shine better when I am sitting alone as if I bring fear to the people around. It’s as if I am in control like a flower which has the ability to attract people (animals) to come to it and I am going to eat them. As a king sit on a throne.”; “Saying the right thing (just too much), feels like I am too open. [More outspoken, talking more, speaking my mind (11 F XX:XX:XX) and another prover wrote : “I feel bloated at 22:00 because I am eating a lot basically whatever I have in my room which are bread, rusks, rice, stew and I am drinking lots of tea and water I never feel like I have had enough. I bought 500g rusks and they are almost finished. I have never eaten this many alone. On Saturday I opened rice grain cocopops cereal I ate it throughout the night instead of food and today is Tuesday and I am almost halfway to finishing them. These foods normally last me about 2-2 1/2 weeks but I feel the urge to consume more than usually.” (18 F 07:XX:XX).

Prover 18 confirmed this by stating, “People say I am calmer but I just feel cautious and I want to keep quiet I feel as if I talk too much.” and this reflected in a journal

entry : “I am normally it’s just that I feel louder and I am interacting with people more. Example: I don’t do well in physics and technicians always scare me but I have asked more questions than I have ever have. [I became more talkative.]” (18 F XX:XX:XX).

Another prover wrote: “Heartburn. [heartburn from stomach to chest.] Berea residence at 13:00 PM. Burning.” (19 M 19:XX:XX).

5.3.2 Vertigo

A prover (1a M 13:XX:XX) experienced dizziness accompanied by thirst.

5.3.3 Head

A large number of provers had headaches during the proving that were intense. The types of pain felt were throbbing (4a F 04:XX:XX) (15 F 03:XX:XX) (16 M 04:XX:XX); dull (16 M 01:XX:XX) (18 F 03:XX:XX), others experienced stinging (1a M 00:XX:45); poking (08 F 29:XX:XX); sharp (18 F XX:XX:XX) and splitting (07 M XX:XX:XX).

The locations of headaches were: the occipital region, which was the most common location amongst provers (1a M 00:XX:45) (15 F 03:XX:XX) (16 M 04:XX:XX) (18 F 03:XX:XX); forehead (07 M XX:XX:XX) (08 F 29:XX:XX); sides (18 F XX:XX:XX); temples (4a F 04:XX:XX) and vertex (16 M 01:XX:XX). The main extension were to the eyes (16 M 02:XX:XX) (18 F XX:XX:XX); to the forehead (07 M XX:XX:XX) (08 F 29:XX:XX) (18 F XX:XX:XX); sides (18 F XX:XX:XX) and temples (16 M 01:XX:XX). Modalities experienced by the provers were: ameliorations from drinking water (08 F 29:XX:XX) and a wet application to the head (19 M 38:XX:XX). Aggravations include: bending forward (18 F XX:XX:XX); exposure to sun (08 F 29:XX:XX); cold (18 F XX:XX:XX); exertion (15 F 04:XX:XX); and writing (11 F XX:XX:XX). Other concomitants included headaches during menstruation (4a F 04:XX:XX) and a headache preventing sleep (15 F 03:XX:XX).

Provers felt congestion of the head in the region of the maxillary sinuses (1a M 02:XX:XX). Heaviness of the head was experienced by one prover (11 F XX:XX:XX).

5.3.4 Eye

Provers had different types of eye pain. These were stinging or scratchy (09 F XX:XX:XX) and burning in the left eye especially the lower lid which was aggravated by touch (15 F 08:XX:XX). A common eye symptom was lachrymation (4a F 42:XX:XX); (15 F 04:XX:30) and a prover noticed that this symptom had disappeared since he had taken the proving complex (19 M 30:XX:XX). The eye lachrymation was aggravated by the wind (15 F 05:XX:XX). Skin manifestations include a pimple on the lower right eyelid accompanied by itching (15 F 04:XX:XX) and around the eye region (16 M 02:XX:XX). A prover also experienced a cramping when closing the eyes (11 F XX:XX:XX).

5.3.5 Ear

A prover experienced blockage of the ears especially on the right and heard the sound of gun shots in the right ear (11 F XX:XX:XX). Another prover experienced a throbbing ache in the right ear and itching (10 F 02:XX:XX).

5.3.6 Nose

A prover noted that his normal sinusitis symptoms which included a yellow discharge from the nose and nasal congestion, did not reoccur during the proving (19 M 30:XX:XX). A prover felt itching of the nose (1a M 00:2:120). Provers experienced nasal congestion or obstruction (1a M 03:XX:XX) (07 M XX:XX:XX) (18 F 13:XX:XX). This was aggravated by cold (1a M 03:XX:XX) and sleep (07 M XX:XX:XX). The obstruction was accompanied by a clear and yellow discharge (18 F 13:XX:XX). This nasal obstruction together with a nasal discharge in the same prover, exemplifies the polarity of the proving complex. Another prover had a 'running nose' (4a F 12:XX:XX). A stinging pain in the nose was caused by cold air (18 F 13:XX:XX). Provers noted the sneezing was an aggravated by cold (07 M XX:XX:XX) and

ameliorated by discharge (11 F XX:XX:XX). Provers cited dust as a causative factor to sneezing (07 M XX:XX:XX).

5.3.7 Face

Skin eruptions manifested in certain provers (08 F 06:XX:XX) (15 F 01:XX:30) (16 M 02:XX:XX) (06 M 02:XX:XX) (18 F 18:XX:XX). Acne on the nose which was pustular in nature was noted (08 F 06:XX:XX) and a papule on the cheek (15 F 01:XX:30). Pimples that occurred were red (06 M 02:XX:XX) (18 F 18:XX:XX), brown (16 M 02:XX:XX) and pink (15 F 04:XX:XX) in colour. Roughness of the skin (18 F XX:XX:XX). A prover felt that the muscles in her face were twitching (11 F XX:XX:XX).

5.3.8 Mouth

A prover experienced a sore pain in the mouth during the proving which was not a unique feature of the complex. However, the extension of this pain to the throat was distinctive to the complex (08 F 27:XX:XX). There was an increase in salivation (11 F XX:XX:XX).

5.3.9 Throat

A prover felt the sensation of blood in her throat (11 F XX:XX:XX). Provers noticed that their throat become dry (07 M XX:XX:XX) (10 F 33:XX:XX) and this was ameliorated by water (10 F 33:XX:XX). A prover felt itching in the throat (15 F 02:XX:XX). Provers had different types of throat pain which were sharp (08 F 25:XX:XX) and stinging (1a M 03:XX:XX) in nature. The pain was aggravated by swallowing saliva (08 F 25:XX:XX) and warm drinks (18 F 10:XX:XX).

5.3.10 External throat

One prover felt swelling in the submandibular lymph node (18 F 17:XX:XX).

5.3.11 Neck

Provers develop a range of neck symptoms with neck pain predominating (08 F 00:XX:XX) (11 F XX:XX:XX). The types of pain experienced was hammering, sharp, pressing and sore (11 F XX:XX:XX). The pain was aggravated by sitting (08 F 32:XX:XX) and ameliorated by lying on the back, stretching and pressure (08 F 00:XX:XX). The locations of the pain were on the right side extending to back and shoulder (11 F XX:XX:XX), left side (08 F 00:XX:XX) and an extension from neck to the temples (11 F XX:XX:XX). A prover noted twitching of neck muscles (11 F XX:XX:XX).

5.3.12 Stomach

Provers developed a pronounced change in appetite which differed in its manifestation. The appetite of provers were increased (17 F 02:XX:XX) (18 F 06:XX:XX) and accompanied by thirst (1a M 15:XX:XX) and increased and alternating with loss of appetite (14 F 29:XX:XX). In certain provers, appetite become insatiable (14 F 33:XX:XX) (17 F 02:XX:XX) (18 F 07:XX:XX). A prover develop a peculiar symptom of nausea from the smell of oil (11 F XX:XX:XX). A prover that had experienced stomach pain, describing it as a 'sharp knife in the stomach' (19 M 20:XX:XX). Heartburn extending to chest occurred (19 M 19:XX:XX). A pronounced change in thirst occurred in provers. There was decrease in thirst in a prover (10 F 02:XX:XX) and on the opposite side other provers had thirst accompanied by throat dryness (10 F 33:XX:XX), unquenchable thirst (10 F 15:XX:XX) and thirst on waking (4a F 02:XX:XX) (10 F 15:XX:XX). This opposition again reinforces the theme of polarity in the remedy.

5.3.13 Abdomen

The abdomen was one of the organs where provers developed a vast range of symptoms. A prover described a peculiar symptom of being touched on her abdomen when she took each breath (11 F XX:XX:XX). Provers experienced bloating (11 F XX:XX:XX) (18 F 07:XX:XX). This occurred after overeating (18 F

07:XX:XX) and a concomitant symptom was that the bloating was accompanied by passing flatus (11 F XX:XX:XX). Abdominal pain was common amongst provers who experienced abdominal symptoms. The types of pain presented as cramping (08 F 01:XX:XX) (11 F XX:XX:XX) (18 F 11:XX:XX); throbbing (15 F 00:XX:30); and pulling (18 F 11:XX:XX) (08 F 10:XX:XX). The pain was aggravated by sitting and motion (15 F 00:XX:30) (18 F 11:XX:XX) and ameliorated by lying down (08 F 01:XX:XX); lying on the side (08 F 10:XX:XX); stretching and motion (08 F 02:XX:XX); sleep and walking (18 F 11:XX:XX). The polarity of the remedy is reflected in the modality of the abdominal pain where motion that either aggravated or ameliorated the pain. Abdominal pain in a prover was intermittent (08 F 04:XX:XX). The extension of the pain was to the lateral back in a prover (11 F XX:XX:XX). Burning and pulling pain in the inguinal region was noted (11 F XX:XX:XX). Specific regions of pain recorded were lower left abdominal (11 F XX:XX:XX) and umbilical region (08 F 01:XX:XX) (18 F 11:XX:XX).

5.3.14 Rectum

A proved experienced a peculiar symptom of diarrhoea accompanied by constipation (11 F XX:XX:XX).

5.3.15 Stool

Provers noted their stool had changed in consistency to softer (10 F 10:XX:XX) (11 F XX:XX:XX). A change in colour to light brown was observed (10 F 10:XX:XX).

5.3.16 Bladder

A prover noticed an increase in frequency in urination (10 F 03:XX:XX).

5.3.17 Female

Provers noticed that the pain experienced during their menstrual cycle had increased during the proving (4a F 05:XX:XX) (18 F XX:XX:XX). A prover described the pain as poking (18 F XX:XX:XX). A prover noted that the normal symptoms of her menstrual cycle changed as she felt that the pain during her period was more intense but alleviated by heat and experienced headaches with her menstrual cycle (4a F 05:XX:XX). One prover observed that her menstrual cycle last one day longer (08 F 28:XX:XX) whilst another prover observed that her menstrual cycle was shorter (14 F 35:XX:XX). A prover noticed a fish-like the odour of her genital area (11 F XX:XX:XX). Types of pain and specific regions of pain were: sharp pain in the right uterine region and a pins and needles pain in the right ovary (11 F XX:XX:XX).

5.3.18 Respiration

A prover developed difficulty in breathing after exertion (08 F 01:XX:XX).

5.3.19 Cough

A prover developed a dry cough (17 F 11:XX:XX). The cough in one prover was ameliorated in open air and aggravated by the smell of perfume (18 F 04:XX:XX).

5.3.20 Chest

A prover experienced dryness and a whistling sound in the chest (07 M XX:XX:XX). A prover felt like that her chest was blocked after exertion (08 F 01:XX:XX). Chest pain was common amongst provers. Types of chest pain include sharp (18 F 18:XX:XX), stinging (1a M 03:XX:XX) and throbbing (15 F 00:XX:30). Provers noticed the chest pain occurred during and after coughing (18 F 11:XX:XX). The chest pain was aggravated by bending forward (15 F 00:XX:30) and breathing (18 F 18:XX:XX). Locations of chest pain were in the centre (18 F 18:XX:XX), right side of the chest (15 F 00:XX:30). Provers experienced soreness and a burning pain in the breast (11 F XX:XX:XX). A prover experienced anxiety with palpitations (10 F 00:XX:XX).

5.3.21 Back

Provers developed pimples on the back which were red in colour (06 M 02:XX:XX). Provers experienced an intensification of back pain during their menstrual cycle (11 F XX:XX:XX) (18 F XX:XX:XX). The pain was described as pulling (11 F XX:XX:XX) and poking (18 F XX:XX:XX). Prover 18 noted a “heat sensation in my lower lumbar region” (18 F XX:XX:XX).

5.3.22 Extremities

Many provers developed a wide range of symptoms in this area. A prover developed pimples on the arm which were red in colour (06 M 02:XX:XX). A prover noted that her sensitivity in her arms changed from cold to a sensitivity to heat and the perspiration under her arms increased (18 F XX:XX:XX). A prover experienced sharp pain in her right shoulder (18 F 13:XX:XX). A prover developed stiffness in the left shoulder and attribute it to cold and exertion (15 F 09:XX:XX) and another prover experienced soreness in the shoulder joint (11 F XX:XX:XX). A prover experienced stitching pain in the right hip joint with numbness, which was aggravated by motion and ameliorated by standing (07 M XX:XX:XX). A prover felt that her foot was frozen (11 F XX:XX:XX). A cramping pain was felt in the calf muscles which was ameliorated by pressure on spots (11 F XX:XX:XX). Joint symptoms included: weakness in the ankle with a feeling, “it’s as if I’ll just fall or they break off”; and a sensation that the joints were worn out (11 F XX:XX:XX). A prover experienced different types of pain sensation in the feet: pins and needles; burning and pinching (18 F 06:XX:XX). The pain aggravated by walking (18 F 06:XX:XX), cold temperatures and standing (18 F 07:XX:XX). Other symptoms included: weakness of the left leg, a feeling of the knees “giving way”, heat in lower limb and pain in the legs described as electric (11 F XX:XX:XX). A peculiar symptom experienced by one prover was that the knee and ankle joint “feels like it’s been pulled apart” and detached (11 F XX:XX:XX). This is also peculiar as it represents the ‘separated’ nature of the complex in that it is not a truly combined naturally occurring substance but a combination of different remedies.

5.3.23 Sleep

Provers noted a change in their circadian patterns. Prover experienced sleepiness (11 F XX:XX:XX) (17 F 07:XX:XX). One prover experienced an alternation of sleepiness and sleeplessness (17 F 07:XX:XX). This alternation again signifies the theme of polarity found in the remedy. A prover experienced insomnia and attributed it to the dreams he experienced (19 M 05:XX:XX).

5.3.24 Dreams

There were a few dreams that were recorded by provers. Prover 18 had a dream that she could not make sense of (18 F 14:XX:X) and on another day dreamt of her usually activities, “dreamt of doing everything that should have been done at that time” (18 F 13:XX:X). Prover 19 had dreams of “dying in a crash” and noted his dreams as “strange” (19 M 32:XX:XX). Prover 11 dreamt of the devil, “Had a nightmare – the devil was somehow trying to get into my house / my home / my church – the demons were causing confusion amongst us”. Prover 15 dreamed of people (15 F 02:XX:XX). Prover 14 took note that during the proving she was able to remember her dreams for hours after waking (14 F 23:XX:XX). Prover 8 had a dream of snakes biting her (08 F 21:XX:XX). Prover 4a felt as if her dreams were true on waking (4a F 23:XX:XX).

5.3.25 Fever

A prover noticed an increase in temperature after meals (08 F 03:XX:XX).

5.3.26 Skin

Itching of skin eruptions was common amongst provers. Provers noticed pimples developed throughout the body that were red and itchy (06 M 07:XX:XX). Another prover experienced itching of the skin when she got into bed (11 F XX:XX:XX).

5.3.27 Generals

A prover experienced an aggravation of throat pain (1a M 00:XX:XX) and cough (1a M 09:XX:XX) from cold water. One prover noticed an amelioration in throat dryness with coffee (10 F 33:XX:XX). There was a desire for pasta and pastry (11 F XX:XX:XX) and observation that sneezing was aggravated by touching or drinking tap water (11 F XX:XX:XX). There was an aggravation of sneezing and dryness in the chest caused by the wind (07 M XX:XX:XX).

5.4 Repertorisation of the complex as a remedy in its own right

As a matter of interest, the researcher repertorised seven mind symptoms (Appendix I) and 10 physical and general symptoms (Appendix J) which were regarded as representing the essences of the complex as a remedy entity in its own right. The highest number of rubrics shared by a remedy from both repertorisations is five, with four remedies having this number of rubrics: *Sepia*, *Natrum Muriaticum*, *Phosphorus* and *Rhus toxicodendron*. Elaboration of the underlying similarities and the miasmatic associations of the complex as a remedy entity in its own right was beyond the scope of this particular research study, but such an extension of a complex proving could be considered in future studies.

5.5 Sinusitis

The proving complex was indicated for sinusitis therefore theoretically provers would produce symptoms indicative of sinusitis. Criteria for the diagnosis of sinusitis were listed in section 2.7. According to those criteria, provers did experience some symptoms of sinusitis such as the nasal discharge, pressure and pain in the face, nasal congestion and obstruction and a productive cough. Prover 19 even stated he had not experienced his normal sinusitis symptoms for the duration of the proving. However, it is noted that only six provers manifested sinusitis symptoms. This is surprising for a complex targeted at this particular condition. This could mean that even though a complex is designed to address a particular condition based on the

action of the individual constituents, the complex as a whole is going to have its own therapeutic effect which may not be focussed on that condition.

CHAPTER 6 : CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

Research Question 1 asked a question regarding whether the proving of the homoeopathic complex (*Cinnabaris*, 12CH, *Hydrastis canadensis* 12CH, *Kalium bichromicum* 12CH) would produce clearly observable signs and symptoms in provers. The results confirm this to be the case. The complex produced a vast number of symptoms that spanned 29 sections of the repertory.

The main mental symptoms produced were depression, a dynamic between antisocial behaviour and the desire for company, irritability and a lack of self-confidence. The mental sphere showed the most marked polarity of symptoms. Headaches were the predominating symptoms under the head section. Pain in the abdominal region with various modalities were seen. The extremities also exhibited pain as the main symptom. Other regions of the body showed a number of symptoms including eyes, throat, nose, skin and neck. The eye symptoms include lachrymation and pain. Nasal symptoms such as nasal itching, sinus congestion, nasal discharge and sneezing. Skin eruptions such as pimples or acne over the various regions were seen. Pain in the throat, chest and neck were common symptoms. A significant change in appetite and thirst was seen. The main regions that had an affinity for the complex were the head, abdomen and extremities with pain as the main symptom.

Research Question 2 questioned whether the majority of the signs and symptoms produced by the proving of the complex would be similar to those of its constituent parts. The results showed that 216 out of 337 rubrics did not contain any of the three remedies, 20 rubrics contained all three remedies, 29 contained two of the remedies and 72 rubrics contained at least one remedy. Thus, there was only 0.05% similarity of symptoms amongst the three remedies, and 64% of the symptoms were unique to the complex. Therefore, although the complex showed a certain degree of similarity

to its constituent parts this was not as much as was expected, so the second research question is answered with a “No”. A vast number of new symptoms were produced which were unique to the complex, indicating that the complex could be functioning as a remedy entity in its own right. Thus, the whole is more than merely a sum of the parts. One of the implications of this finding may be to explain why complexes are not always effective, such as in the three studies cited in this dissertation (Moyal 2002; Ebrahim 2003; Vaithilingam 2008); the constituent remedies may not be able to express themselves fully in respect to the symptoms addressed by them on their own, and for which they were selected for inclusion in the complex. Further, the overall impact of the complex may focus on a different area entirely compared to the individual ingredients.

6.2 Limitations and recommendations

6.2.1 Further provings of homoeopathic complexes

The complex in this proving was not a commercially available over the counter complex. One of the recommendations arising from this study is that further provings should be conducted on commercially available complexes.

The results of a proving of a complex (*Cinnabaris* 12CH, *Hydrastis canadensis* 12CH, *Kalium bichromicum*) showed that when individual remedies are combined, a new substance with its own characteristic features is produced. This is vital information in the practice of homoeopathic medicine as complexes are commonly prescribed without an awareness of the unique impact of the complex as a whole. The researcher suggests further studies to prove complexes of two or three remedies to test the same research questions as this study and compare the results to the outcome of this study. If there are two students working on one proving project, this would allow a comparison of the essential characteristics of the complex entity to the essential characteristics of its components, and to existing remedies which are also found in the key rubrics of the complex proving. Further research into the effects of polypharmacy is essential to the development of homoeopathic medicine.

6.2.2 Prover population

The quality of the proving data largely depends on the reliability of the provers. This proving sample comprised a variety of participants. Ideally, the proving sample should contain mainly provers who have some knowledge of homoeopathic medicine and provings, however it was not possible in this study considering the time and logistical constraints. Therefore, a large number of provers were new to homoeopathic medicine and to homoeopathic provings, whilst others had previous experience of provings and some were homoeopathic students. The data was clear in some cases, however, there were some incomplete and vague symptoms which resulted in the researcher clarifying this information at the post proving consult and meeting. The researcher attributes this to the majority of provers being new to homoeopathic provings and in some cases a lack of compliance from provers. This problem of compliance has been experienced in other provings. Other proving studies also noted that provers that did not have a background in homoeopathic medicine tended to record vague and incomplete symptoms (Somaru 2008: 213; Pillay 2011: 110). Although the recording of symptoms in journals have been the norm in proving studies at DUT, other methods need to be considered to minimise such problems. Therefore, the researcher suggests an online interactive forum where provers submit an online report to the researcher. This direct monitoring will assist the researcher to know that the prover is recording symptoms, and can help to ensure accuracy of the data. This form of recording personal details may also be more accessible to provers compared to pen and paper which could be regarded as too inflexible.

It was also noted that provers with a homoeopathic background developed more symptomatology on the mental or emotional sphere. This can be attributed to a greater attentiveness and awareness to the changes on these levels. Certain provings conducted at DUT recommend the use of participants who are “motivated and passionate about homoeopathy” (Taylor 2004: 148). However, Dantas (1996: 234) states that the problem with using participants with a vested interest is that this may lead to the placebo effect and an overestimation of the effects. The researcher

recommends the retention of 'lay' participants but to include a more extensive training program.

One of the vital factors to consider is the sensitivity of a prover. It is difficult to assess ahead of time whether a prover will react to a substance or not. As in this proving, certain provers developed little or no proving symptoms. This level of sensitivity can be gauged in reviewing the past medical history of provers only to a certain degree. The researcher supports the recommendation from other provings conducted at DUT (e.g. Somaru 2008: 213) that an internal database be created of provers who are sensitive and compliant and that their details and contact numbers be available for future provings with their consent. This will allow for a smoother proving process as the most difficult problems experienced in this proving was recruiting participants and compliance with the proving process.

The prover sample contained a limited age, gender and ethnic distribution. The sample consisted largely of participants in their twenties. The ethnic distribution was African (10), White (5) and Indian (4). Different cultural or lifestyle differences may influence the outcome of the results. The sample consisted of 11 female provers and eight male provers. It was seen that there were symptoms elicited in the female reproductive organs but none in the male. A more varied distribution of age, gender and ethnicity may produce a greater variety of symptoms of the proving complex. Therefore, a more balanced age, gender and ethnic sample is recommended.

6.2.3 Placebo group symptoms

Due the phenomena of entanglement (Milogram 2005: 101), future proving studies should pay more attention to the proving symptoms arising from the placebo group.

6.2.4 Potency

The most common potency used in homoeopathic provings is the 30CH. However a lower potency of 12CH was utilised in this study since complexes are generally used in low potencies. In this proving a vast range of physical symptoms that spanned 29

sections of the repertory were elicited. This was similar to the proving of *Sceletium tortuosum* at DUT in which a potency of 6CH was used which produced a large number of physical symptoms compared to the number of symptoms on the mental and emotional sphere (Ramos 1999: 78). It is recommended that further provings of complexes in lower potencies (less than 12CH) should be investigated for their sphere of action. This may require particular ethical consideration bearing in mind that the standard international guidelines (Ross and Jansen 2014) recommend provings from 12CH upwards.

6.2.5 Supervision of provers

The proving sample consisted of 20 provers supervised by one researcher student. Although the researcher maintained contact with each prover for the duration of the proving, it was not possible to do so at all times or not as frequently as the researcher would have liked to. It is recommended that supervision by two researchers would allow for more frequent contact and individual attention to each prover.

6.2.6 Publication

The results of the proving of the complex (*Cinnabaris* 12CH, *Hydrastis canadensis* 12CH, *Kalium bichromicum* 12CH) showed that when individual remedies are combined, a large proportion of the symptoms produced are unique to the complex as an entity. This information is a valuable contribution to the practice of homoeopathy and should be published in homoeopathic journals so as to provide information on the possible effects of polypharmacy and motivate further research into polypharmacy.

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HOMOEOPATHIC DRUG PROVING

HOMOEOPATHIC DRUG PROVINGS ARE ESSENTIAL TO THE ADVANCEMENT OF HOMOEOPATHIC MEDICINE. WOULD YOU LIKE TO CONTRIBUTE TO THE ADVANCEMENT OF HOMOEOPATHIC MEDICINE, INTERNATIONALLY?

You may participate if you:

- Are between 18 and 60 years;
- Consider yourself to be in a general good state of health;
- Not on any drug or medication (herbal, homoeopathic, allopathic, other).

For more information please contact Rajeshree Sanjit: 084 623 8897 or 031 502 2622 after 6pm or email iaesaniit@gmail.com.



(Matthews 2014)



(Homoeopathy 2011)

Appendix B: Suitability for inclusion in the proving

Suitability for Inclusion in the Proving

These questions will be asked by the researcher first in the recruitment phone call and then again in the first appointment. In the phone call, participants will be asked to grant oral permission for screening questions to be asked. In the first appointment the researcher will ask these questions and circle the answers.

ALL INFORMATION WILL BE TREATED AS STRICTLY CONFIDENTIAL.

Surname:

First name/s:

Gender: Age:

Contact Details: (Home): (Cell):

<u>Please Circle the Appropriate Answer:</u> 1) Are you between the ages of 18 and 60 years?	YES	NO
2) Are you on or in need of any medication (herbal, homoeopathic, allopathic, other)?	YES	NO
3) Have you been on the birth control pill or hormone replacement therapy in the last 6 months?	YES	NO
4) Are you pregnant or nursing?	YES	NO
5) Have you had surgery in the last 6 months?	YES	NO
6) Do you use recreational drugs such as cannabis, LSD or MDMA (ecstasy)?	YES	NO

7) Do you suffer from hypersensitivity diseases such as: Asthma Hay fever Allergies Food Hypersensitivities	YES YES YES YES	NO NO NO NO
8) Do you consume more than: - two measures of alcohol per day? (1 measure = 1 tot / 1 beer / half a glass of wine) - 10 cigarettes per day? - 3 cups of tea, coffee or herbal tea per day?	YES YES YES	NO NO NO
9) Do you consider yourself to be in general state of good health?	YES	NO
10) Do you have a diagnosed mental or physical disease?	YES	NO
11) Are you willing to follow the proper procedures for the duration of the proving?	YES	NO
12) Are you fluent and literate in English*	YES	NO
13) Are planning to have any dental treatment involving anaesthetic injections?	YES	NO

* The researcher is fluent and literate in English only.

Appendix C: IREC informed consent form for case history and physical exam



INSTITUTIONAL RESEARCH ETHICS COMMITTEE (IREC) INFORMED CONSENT FORM FOR CASE HISTORY AND PHYSICAL EXAM

To be completed in duplicate by prover.

Statement of Agreement to have a Case History Taken and a Physical Examination Performed:

- I have filled in the form entitled Suitability for Inclusion in the Proving (**Appendix B**).
- I am aware that in order to establish suitability for inclusion and to participate in this study, I must first have a comprehensive Case History taken and a Physical examination performed by the researcher.
- I agree to have the relevant Physical examination(s) performed on me by the researcher.
- I understand that the procedure will be approximately an hour in duration, and that it will occur at the DUT Homoeopathic Day Clinic, under supervision by the clinician on duty.
- I have been informed that *all information will be regarded as strictly confidential*.

Full Name of Participant

Date

Time

Signature

Full Name of Researcher

Date

Signature

Full Name of Witness

Date

Signature

Appendix D: Case history form



Proving Case History Form

ALL INFORMATION WILL BE TREATED AS STRICTLY CONFIDENTIAL.
Participants will be reminded that they are free to not answer any questions if they choose not to, and to withdraw at any point if they want to.

PROVER NUMBER	<input type="text"/>
----------------------	----------------------

SURNAME:					
FIRST NAME(S):					
SEX:	M / F	AGE:		CHILDREN:	
OCCUPATION:				MARITAL STATUS:	S / M / D / W

1. Past Medical History:

(Please list previous health problems and their approximate dates :)

Do you have a history of any of the following? **[Please tick relevant blocks]**

Cancer	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
HIV	<input type="checkbox"/>	Pneumonia/ Chronic bronchitis	<input type="checkbox"/>
Parasitic infections	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>
Glandular fever	<input type="checkbox"/>	Boils/ Suppurative tendency	<input type="checkbox"/>
Bleeding disorders	<input type="checkbox"/>	Smoking	<input type="checkbox"/>
Eczema/ Skin conditions	<input type="checkbox"/>	Oedema/ Swelling	<input type="checkbox"/>
Warts	<input type="checkbox"/>	Haemorrhoids	<input type="checkbox"/>

2. Surgical History:

(Please list any past surgical procedures [e.g. tonsils, warts, moles, appendix etc.] and their approximate dates :)

3. Family History:

Is there a history of any of the following within your family?

(including siblings, parents and grandparents)

Cardiovascular disease	<input type="checkbox"/>	incl. hypertension, heart disease, etc.
Cerebrovascular disease	<input type="checkbox"/>	incl. stroke, TIA, etc.
Diabetes mellitus	<input type="checkbox"/>	
Tuberculosis	<input type="checkbox"/>	
Mental illness	<input type="checkbox"/>	incl. depression, schizophrenia, suicide, etc.
Cancer	<input type="checkbox"/>	
Epilepsy	<input type="checkbox"/>	
Bleeding disorders	<input type="checkbox"/>	

Please list any other medical conditions within your family:

♂		♂♂	
♀		♂♀	
♀		♀♂	
♀		♀♀	

4. Background Personal History:

Allergies:

Vaccinations:

Medication (including supplements):

Estimation of daily consumption:

Alcohol:

Cigarettes:

5. Generalities:

Energy:

Describe your energy levels on a scale from 1 to 10, where 1 is the lowest and 10 is the highest.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Sleep:

Quantity:

Quality:

Position:

Dreams:

Time modalities:

>	
<	

Weather modalities:

>	
<	

Temperature modalities:

>	
<	

Perspiration:

Appetite:

<i>Cravings</i>	
<i>Aversions</i>	
>	
<	

Thirst:

Bowel habits:

Urination:

Menstrual cycle and menses:

Menarche: Yrs	Regular	Irregular	<u>Pre-menstrual:</u>
LMP:	Interval:	days	
<u>Nature of bleed:</u>	Duration:	days	<u>Post-menstrual:</u>
	Meno-	Metro-	
<u>Pain:</u>			

6. Head-to-toe and Systems Overview:

Head:

Eyes and Vision:

Ears and Hearing:

Nose and Sinuses:

Mouth, Tongue and Teeth:

Throat:

Respiratory System:

Cardiovascular System:

Gastro-intestinal System:

Urinary System:

Genitalia and Sexuality:

Musculoskeletal System:

Extremities:

Upper:

Lower:

Skin:

Hair and Nails:

Other:

7. Mental Overview:

Disposition:
Fears:
Relationships:
Social Interaction:
Ambition/ Regret:
Hobbies/ Interests:

8. The Physical Examination:

a) Physical Description

Frame/ Build:			
Hair colour:		Complexion:	
Eye colour:		Skin texture:	

b) Vital Signs

Height:		m
Weight:		kg
Pulse rate:		beats/min
Respiratory Rate:		breaths/min
Temperature:		°C
Blood Pressure:		/ mmHg

c) Findings on Physical Examination *[Tick positive blocks]*

Jaundice	<input type="checkbox"/>	Oedema	<input type="checkbox"/>
Anaemia	<input type="checkbox"/>	Lymphadenopathy	<input type="checkbox"/>
Cyanosis	<input type="checkbox"/>	Dehydration	<input type="checkbox"/>
Clubbing	<input type="checkbox"/>		

Appendix E: Letter of information to provers



Letter of information to Provers*

Title of the Research Study : A HOMOEOPATHIC DRUG PROVING

Researcher : Rajeshree Sanjit (B.Tech) Homoeopathy

Supervisor : Dr R Steele (BA, HDE, M.Tech.Homoeopathy)

Brief introduction and purpose of this study

Thank you very much for taking part in this proving. I'm sure you will find that you will benefit from this exercise in many ways. I will be your proving supervisor and will monitor your health and provide whatever support is necessary.

The aim of this homeopathic drug proving is to establish whether any physical or mental symptoms are produced after ingestion of the proving substance. The objective of the homeopathic drug proving is to find out the range of action of the proving substance, with respect to both the subjective and objective symptoms. Provings are vital for the development of homeopathic materia medica (the therapeutic terrain of homeopathic medicines) and the advancement of homoeopathy, and you are contributing to this advancement.

This is a double blinded placebo control study of 20 participants that meet the inclusion/exclusion criteria. Sixteen participants will be on active medicine and four on placebo. This means you may receive active medicine or placebo. Neither you nor I will know whether you on active medicine or placebo.

Outline of procedures

Initial consultation

At this stage it has been established that you are eligible to participate in this study and now you will be guided through the proving process and required to sign a consent form to participate in this study. Once this is done, you will receive a prover number, a recording journal, an envelope containing six powders and a start date. We will also agree upon a suitable time for me to call you for the duration of the proving.

Pre-proving observation period

On your start date record your symptoms daily in the diary for one week prior to taking the remedy. This will help you to get into the habit of observing and recording your symptoms, as well as bringing you into familiarity with your normal state. This is an important step as it establishes a baseline for you as an individual prover.

Observation period

Begin taking the remedy on the day that you and I have agreed upon. Record the time that you take each dose. Time keeping is an important element of the proving. The remedy should be taken on an empty stomach and with a clean mouth. Neither food nor drink should be taken for a half-hour before and after taking the remedy. The remedy should not be taken for more than 3 doses a day for two days (6 powders maximum). In the event that you experience symptoms, or those around you observe any proving symptoms, do not take any further doses of the remedy. This is very important.

By proving symptoms we mean

- Any new symptom, i.e. ones that you have never experienced before
- Any unusual change or intensification of an existing symptom

- Any strong return of an old symptom, i.e. a symptom that you have not experienced for more than one year.

If in doubt phone me. Be on the safe side and do not take further doses. Homoeopathic experience has repeatedly shown that the proving symptoms begin very subtly – often before the prover recognises that the remedy has begun to act.

Post administration observation period

You will continue journaling for six weeks from the administration of the first dose. I will be in telephonic contact with you until you and I decide it is no longer necessary to do so.

Post proving consultation

Once the proving is finished, you will be required to have a post proving consult with me. A case history and physical examination will be taken to ensure you return to normal healthy state and you will hand over your journal.

Post proving meeting

Once all of the journals have been collected, a post proving meeting will be held. At this meeting the substance and group allocation will be revealed. You may discuss your proving experience with myself and other provers if you choose to.

Lifestyle during the proving

Protect the substance you are proving like any other potentised remedy: store it in a cool, dark place away from strong smelling substances, chemicals, electrical equipment and cellphones.

A successful proving depends on your recognising and respecting the need for moderation in the following areas: work, alcohol, exercise and diet. Try to remain within your usual framework and maintain your usual habits.

Avoid taking medication of any sort, including antibiotics and any steroid or cortisone preparations, vitamin or mineral supplements, herbal or homoeopathic remedies.

In the event of medical or dental emergency of course common sense should prevail. Contact your homoeopathic doctor, dentist, medical doctor or local hospital as necessary. Please contact me as soon as possible.

Confidentiality

It is important for the quality and the credibility of the proving that you discuss your symptoms only with me. Keep your symptoms to yourself and do not discuss them with fellow provers. Your privacy is something that we will protect. Only I will know your identity and all information will be treated in the strictest confidence.

Contact

I will telephone you to inform you to begin your one-week observation period, and then daily from the day that you begin to take the remedy. This will later decrease to two or three times a week and then to once a week, as soon as you and I agree that there is no longer a need for such close contact. This will serve to check on your progress, ensure that you are recording the best quality symptoms possible and to judge when you need to cease taking the remedy.

If you encounter any problems during the proving, please do not hesitate to call me.

Recording of symptoms

When you commence the proving note down carefully any symptoms that arise, whether they are old or new, and the time of the day or night at which they occurred.

This should be done as vigilantly and frequently as possible so that the details will be fresh in your memory. Make a note even if nothing happens.

Please start each day on a new page with the date noted at the top of each page. Also note which day of the proving it is. The day that you took the first dose is day zero.

Please write neatly on alternate lines, in order to facilitate the extraction process, which is the next stage of the proving. Try to keep the journal with you at all times.

The quality of the symptoms gained during the proving is the essential outcome and goal of this homoeopathic proving. Therefore the symptoms recorded in this diary should be as specific as possible. Please note the following items, if applicable, supplemented by a statement about the intensity and duration of the symptom. All symptoms should be recorded in an accurate detailed manner and without compromise **in your own words**.

1) Location and time of occurrence : State the side of the body, if applicable, and if it extends to other parts of the body. State also, if it changes from one side to the another. State time of occurrence after intake of proving medicine. How often does the symptom occur?

2) The kind of pain or sensation : e.g. burning, stitching, splitting etc. State, if there are other experiences together with the symptom (e.g. feeling cold during headache).

3) How did the symptom begin? Was it due to a special cause or after a certain event (e.g. bladder inflammation after sitting on a cold rock; headaches after drinking coffee).

4) What makes the symptom better or worse? (cold air, heat, being inside or outside, moving, lying down, etc.)

5) Relation to other symptoms: Does this symptom have any relation to another symptom? (e.g. headache with nausea)

Please state the symptoms as completely as possible, following the “Head to Foot scheme” which appears at the end of this letter.

Pay attention also to your surroundings. How do you react to your family members or other people around you?

Do you or someone else recognise alterations in your moods and habits?

How is your general wellbeing, how do you cope with your work, your worries?

Are there changes in the way you react during the time of the homoeopathic proving versus the time before?

Please make notes **every day**, best is to take notes a few times a day (say 3-4 times), even if you think, there are no symptoms to report, but this should usually not take you more than several minutes a day.

Note also slight or inconspicuous symptoms.

On a daily basis you should run through the following checklist to ensure that you have observed and recorded all your symptoms:

Mind/ Mood

Extremities

Head

Urinary Organs

Eyes/ Vision

Genitalia

Ears/ Hearing

Sex/ Menstruation

Nose

Temperature

Back

Sleep

Chest and Respiration

Dreams

Digestive System

Generalities

Skin

Please give full descriptions of dreams, and in particular note the general feeling or impression the dream left you with.

Mental and emotional symptoms are important, and sometimes difficult to describe – please take special care in noting these.

Reports from friends and relatives can be particularly enlightening. Please include these if possible. At the end of the proving please make a general summary of the proving. Note how the proving affected you in general – how has this experience affected your health? Would you do another proving?

When you experience symptoms, please note at the end of each symptom the **category** and **intensity** as follows:

NS = new symptom never before experienced.

OS = old symptom, a symptom you had earlier and which now appears again.

AS = altered symptom, a normal symptom changed during the proving (e.g. usual headache experienced on left temple now appears at the right temple.

CS = cured symptom, old symptoms that are no longer present.

ES = previous existing symptom.

RS = recent symptom.

FS = symptom in family members.

Please mark the **intensity** of each symptom beside the category, rating as follows:

Intensity of symptoms

1	2	3	4	5.
Very low/slight	vague	clear	strong	bothersome

It is helpful to mark these abbreviations by brackets or a circle

(e.g.: “new, clear symptom” = (NS3))

If you have any doubts, discuss them with me.

Please remember that detailed observation and concise, legible recording is crucial to the proving.

The following appears in The Organon of the Medical Art, paragraph 126: The person who is proving the medicine must be pre-eminently trust-worthy and conscientious and be able to express and describe his/her sensations in accurate terms.” (O’Reilly 1996: 200).

Risk or Discomfort to the Participants

On administration of the powders you may experience mild symptoms. These symptoms are temporary. If at any stage you are unable to tolerate these symptoms, you may withdraw from the proving. A homoeopathic doctor will prescribe an antidote or refer you for appropriate medical management if necessary.

Benefits

You may learn about the homoeopathy system of medicine and homoeopathic provings. For the homoeopathic students participating it will invaluable learning experience regarding the nature of homoeopathic medicine. Collectively you will be contributing into the scientific advancement of homoeopathy. The researcher will benefit from this research study because it will contribute to the completion of her M.Tech degree.

Reason/s why the Participant May Be Withdrawn from the Study

1. You may be withdrawn if at any stage of the proving there is any conflict with the inclusion/exclusion criteria of this study.
2. You may be withdrawn if at any stage you become ill or unable to tolerate the proving symptoms.
3. You may be withdrawn if you do not follow the procedures of the proving.
4. There will be no adverse consequences should you choose to withdraw.

While noting the above, it is emphasised that you are free to make your own choice to withdraw from the study at any time for any reason.

Remuneration

Participation in this study is voluntary and you will be not remunerated or compensated in any way.

Costs of the Study

The cost of this study is covered by the university and you will not be required to pay for any expenses.

Research-related Injury

No compensation will be offered. In the event that the participant experiences extreme discomfort or severe aggravations during the proving period, the participant will be withdrawn immediately and an antidote administrated, or will be referred for other medical treatment as appropriate.

General

Before the proving I will ensure that you have:

- signed the Informed Consent Form (Appendix F);
- had a case history taken and a physical examination performed;

- an assigned prover number, and a corresponding journal, an envelope containing six powders; and
- read and understood these instructions

Please note that participation in this study is voluntary and you may withdraw at any stage. If you have any questions or if anything is unclear don't hesitate to contact me.

Persons to Contact in the Event of Any Problems or Queries:

- ◆ Supervisor: Dr Richard Steele (0829286208)
- ◆ Researcher: Rajeshree Sanjit (0846238897)
- ◆ Institutional Research Ethics administrator: 031 373 2900

Complaints can be reported to the DVC TIP: 031 373 2382 or dvctip@dut.ac.za.

SYMPTOMS

Head to foot scheme

Mind (mental, emotional)

.....
.....

Generals (e.g. "I feel" – cold/warm – energetic/exhausted)

.....
.....

Head

.....

Eyes

.....

Ears

.....

Nose

.....

Teeth

.....

Mouth

.....

Throat

.....

Stomach

.....
.....

Abdomen

.....
.....

Stool/Rectum

.....
.....

Urinary organs

.....

- Kidneys

.....

.....

- Bladder

.....

.....

- Prostate

.....

.....

- Urethra

.....

.....

- Urine

.....

Male/Female (sexual organs)

.....

.....

Respiration/Cough

.....

.....

Chest

.....

.....

Heart

.....

.....

Neck/Back

.....

.....

Extremities

.....

.....

Skin

.....
.....

Sleep/Dreams

.....
.....

Fever

.....

***Adapted from the Liga Medicorum Homoeopathica Internationalis 2013**

Appendix F: Consent to participate in the research study



Consent to Participate in the Research Study:

I hereby confirm that I have been informed by the researcher, _____, about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: _____,

I have also received, read and understood the above written information (Letter of Information to Provers) regarding the study.

I am aware that the results of the study, including personal details regarding my gender, age, date of birth, initials and diagnosis will be anonymously processed into the study report.

In view of the requirements of research, I agree that the data collected during this study can be processed in a computerised system by the researcher. I may, at any stage, without prejudice, withdraw my consent and participation in the study.

I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.

I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me on request.

Full Name of Participant Date Time Signature

I, _____ (researcher) herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

Full Name of Researcher Date Signature

Full Name of Witness Date Signature

Appendix G: Methods of preparation of the substance

Methods of Preparation

This method is as per email from Robyn van Niekerk (dated 11 September 2014) who is the Head Laboratory Supervisor of the Dispensing Laboratory of Comed Health Natura.

1) Method 4a : Mother tinctures and liquid preparations

Mother tinctures according Method 4a are prepared by the maceration or percolation methods described in the section on “Tinctures” in the Ph. Eur. Monograph on Extracts, using 1 part of dried plants or plants and 10 parts of the alcohol of the appropriate concentration specified under “Vehicles and Excipients” (H 5.3), unless otherwise prescribed in the individual monograph.

Potentiation

The mother tincture corresponds to the 1st decimal dilution.

*The 2nd decimal dilution (D2) is made from
1 part of the mother tincture (D1) and
9 parts of the alcohol of the same concentration.*

*The 3rd decimal (D3) from
1 part of the 2nd dilution and
9 parts of the alcohol of the same concentration.*

Unless a different concentration is specified, use alcohol 43 per cent (m/m) for subsequent dilutions from D4 onwards and proceed accordingly.

Unless a different alcohol concentration is specified, the 1st centesimal dilution (CH) is made from

10 parts of the mother tincture (D1) and
90 parts of the alcohol of the same concentration

The 2nd centesimal dilution (2CH) from
1 part of the 1st centesimal dilution and
99 parts of the alcohol 43 per cent (m/m).

Subsequent dilutions are produced accordingly.

*The words in italics denotes the parts that are not applicable to the production of *Hydrastis canadensis* 12CH. *Hydrastis canadensis* tincture (Ø=D1) is supplied by

Gerlicher and prepared according to method 4a of the German Homoeopathic Pharmacopoeia (GHP). Comed's Standard Operating Procedures utilise 96% alcohol at each dilution level after 2CH rather than 43% as per Method 4a.

2) Method 5a: Solutions

Liquid preparations according to Method 5a are solutions from raw material and a liquid vehicle.

Unless otherwise specified by the monograph dissolve 1 part of the raw material in 9 parts (=D1) or 99 parts (=1CH/D2) of the liquid vehicle and success. Ethanol, purified water, glycerol 85 per cent and the alcohol/water mixtures listed under "Vehicles and Excipients" (H 5.3) can be used as vehicles.

Potentiation

Unless a different liquid vehicle is necessary, the 2nd decimal dilution (D2) is made from

- 1 part of the solution (D1) and
- 9 parts of the alcohol 43 per cent (m/m)

Subsequent dilutions are produced accordingly.

Unless a different liquid vehicle is necessary, the 2nd centesimal dilution (2CH) is made from

- 1 part of the solution (1CH) and
- 99 of the alcohol 43 per cent (m/m).

Subsequent dilutions are produced accordingly.

*Potassium dichromate is supplied by Sigma Aldrich and is prepared according to method 5a of the GHP. Comed's Standard Operating Procedures utilise 96% alcohol at each dilution level after 3CH rather than 43% as per Method 5a.

Preparation of the *Cinnabaris* 12CH

Cinnabaris D6 is supplied to Comed by Dolisos which is made according to the French monograph.

The D6 potency is equivalent to 3CH. Subsequent dilutions from 4CH-12CH are prepared as per Comed's Standard Operating Procedures which is a dilution ratio of 1 part of previous potency to 99 parts of 96 per cent alcohol.

Preparation of the complex

Once all the remedies were at the 12CH level, they were combined and used to triple impregnate granules according to method 10 of the GHP.

3) Method 10: Pillules (Globules, Globuli)

Preparations according to Method 10 are pillules (Globules, Globuli). They are prepared by transferring a liquid preparation to sucrose pillules (size 3:110 to 130 pillules weigh 1g), this being done by evenly moistening 100 parts of the sucrose pillules with 1 part of the liquid preparation. Differences in mixture ratio are permitted; this difference must be stated on the label. The alcohol content should not be less than 60 per cent (m/m), otherwise the final potentisation step of the decimal or centesimal dilution must be carried out with 62 per cent (m/m).

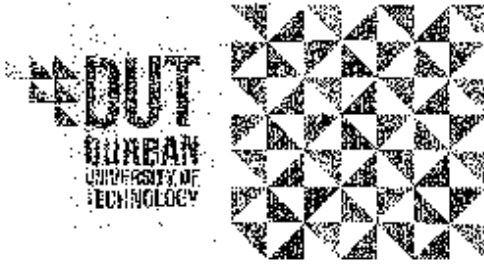
Impregnate the pillules (globules, globuli) in a closed vessel, then air dry.

*The 12CH potency used to impregnate granules was in 96 per cent alcohol as per Comed's Standard Operating Procedure.

REFERENCE

German Homoeopathic Pharmacopoeia. 2005. Stuttgart: Medpharm Scientific Publishers.

Appendix H: IREC permission letter



Institutional Research Ethics Committee
Faculty of Health Sciences
Room P0149, Medical School Bldg
Campus, Green Campus
Durban University of Technology
P.O. Box 1212, Durban, South Africa 4001
Tel: 031 273 2900
Fax: 031 273 2407
Email: irec@duet.ac.za
http://www.duet.ac.za/institutional_research_ethics
www.duet.ac.za



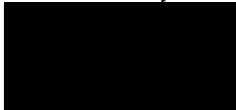
Dear Ms Sanjit

A repertorial comparison of the proving of a homeopathic complex to the rubrics of the constituent parts

The Institutional Research Ethics Committee acknowledges receipt of your gatekeeper permission letter.

Please note that Full Approval is granted to your research proposal. You may proceed with data collection.

Yours Sincerely,



Prof J K Adam
Chairperson: IREC



Appendix I: Repertorisation of the complex as a remedy in its own right: mental symptoms

	sep.	nat-m.	alds.	Kall's.	con.	lyc.	nat-c.	adam.	allox.	barb-a.	carc.	cyd.	gink-b.	met-a.	phos.	rhus-t.	staph.	sulph.	trios.	vanil.	nat-sil.	aur-m-n.	bar-c.	bry.	calc-sil.	heon.	lad.
1.	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	
3.	3	3	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	1	1	1	1	1	1	
6.	4	3	3	3	3	3	2	2	2	2	2	2	2	2	2	2	2	2	2	2	3	2	2	2	2	2	
2. Clipboard 2																											
1. MIND - COMPANY - aversion to - alone amel....	2	1	1	1	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	3	2	2					
2. MIND - COMPANY - desire for - alternating wi...		1	1																								
3. MIND - IRRITABILITY - insults, from																											
4. MIND - IRRITABILITY - people; with																											
5. MIND - MOOD - contradictory																											
6. MIND - SADNESS - causeless	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1				2	2		
7. MIND - SADNESS - company - aversion to co...	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1				2	2		

Appendix J: Repertorisation of the complex as a remedy in its own right: physical symptoms

	bell.	lach.	dlc.	nux-v.	fer.	phos.	hus-t.	bry.	petr.	puls.	ruta.	stram.	ign.	mad-m.	nit-ac.	asp-per.	ant-c.	ars.	croth.	gels.	iod.	lyc.	merc.	nat-m.	sep.
1. HEAD - PAIN - Occiput - pulsating pain	3	3	1	2	2	2	2	2	1	1	2	1	1	1	1	3		2	2				2	2	
2. NOSE - OBSTRUCTION - accompanied by - di...	1	1	1			1							1	1	1		1								
3. THROAT - PAIN - swallowing - liquids - agg.	3	3										1										1	3		
4. STOMACH - APPETITE - insatiable	2	1	2	1	2	1	1	1	1	1		1			1							3	3	2	2
5. STOMACH - THIRST - unquenchable	2	2	2	1	2	3	2	2	2	1	1	1		1	3		3	2				1	2	1	2
6. ABDOMEN - PAIN - motion - agg. - drawing p...								1					1												
7. ABDOMEN - PAIN - motion - amel. - cramping																									
8. EXTREMITIES - SEPARATED sensation - Lowet...																									
9. RECTUM - DIARRHEA - accompanied by - con...	2		2				2	1	2	2					3										
10. EXTREMITIES - PAIN - Lower limbs - electric ...																									1